SPEAKER:
You're listening to Everyday Evidence presented by the American Occupational Therapy Association helping the Occupational Therapy practitioner apply evidence to practice. Here's your host, Matt Brandenburg.

MATT BRANDENBURG:
Alright. Today I am joined by Emily Rothman, Amy Mattila and Deirdre Ryan. In March of 2023, the journal Substance Abuse Research and Treatment published a special issue on substance use and occupational therapy. And that is going to be our topic today. I want to thank you three so much for joining us and for being on the show.

SPEAKER:
Thanks for having us. Thank you for having us.

MATT BRANDENBURG:
Absolutely. And for our listeners' sake, can we just go through and say your name and maybe something just really quick. How about where you're calling in from today?

AMY MATTILA:
I can start us off. My name is Amy Mattila, and I'm calling in from Pittsburgh, PA.

DIERDRE RYAN:
Hi, everyone. I go next. My name is Deirdre Ryan. I am calling in from Midlands Tipperary, County Tipperary in Ireland today.

EMILY ROTHMAN:
And hi, I'm Emily Rothman. And I'm calling in from Boston, Massachusetts, where I am at Boston University today.

MATT BRANDENBURG:
Wonderful. And thank you so much. And can we go ahead. Could you provide for us an overview of this special issue and its significance in the field of substance use and the field of occupational therapy.

EMILY ROTHMAN:
Yeah, this is Emily, and I'm happy to start off. By doing that, so I should give just maybe a word of context or background first, which is that I'm a relatively newcomer, new to occupational therapy. So I am a professor and chair of occupational Therapy here at Boston University, but my training is in epidemiology. So I'm more of a social scientist, not a clinician, not an occupational therapist. And I had done research that was funded by National Institute of Health and AAA, around substance use before I joined the Occupational Therapy Department. So I was already sort of thinking about that issue. And it was a natural question to me to when I joined occupational therapy to think about, well, what are occupational therapists doing in this space? What are they contributing? How can we leverage that? What more can we do? And so, you know, it really started coming together because, you know, we'll also say that today is a very interesting day to be recording this podcast because don't know if you know, there was a report released just hours ago.

The UN just released a report that says the number of people suffering from drug use disorders around the world has skyrocketed to 39.5 million, which is a surge of 45% over the past decade. So, like, there's no question this is a huge issue. And people are really riveted and paying attention to what are we going to do about this issue? And of course, it makes sense to involve occupational therapists who are addressing barriers that impact participation and performance and, you know, physical, psychological, environmental barriers. So it made great sense to me to start asking these questions about OT and substance abuse. And then that's sort of how we got there.

MATT BRANDENBURG:
I love that. Thank you so much. I need to apologize. Right now I'm calling in from Las Vegas, Nevada. Just in my apartment as the listeners know. And they're doing some leaf-blowing right now out of the blue. So I apologize for that background noise. That is such a striking statistic that you shared, Emily. 35 million people suffering from substance use disorder. You mentioned up 45% in the past ten years. I think this is a good moment to kind of point out in the editorial that was published, it's noted that there's growing awareness that even activities that may be risky, illegal or unhealthy, can hold meaning for individuals. Could you maybe speak to the importance of this growing awareness and the things that OT practitioners should consider as they navigate and attempt to learn more about this topic?

EMILY ROTHMAN:
Yeah, I'm going to defer to my collaborators on this one. I bet that they've thought deeply about it.

DIERDRE RYAN:
I think it's a really interesting question, Matt. As somebody who's worked within occupational therapy and substance use for nearly 12 years, it's really only in recent times that there's been this increased awareness that you know, occupations that may not seem to be the social norms or that a lot of people would automatically assume to be orderly having negative consequences, you know, they do hold quite a lot of meaning for people. Research about the dark side of occupation has really brought all of that to the forefront about the meaning in all occupations. And I think it's really important for us as practitioners, particularly for people working with people who use substances on a regular basis that we can't get into right and wrong about the substance or their engagement in their behavior in itself. Rather, we need to focus on what that means for that person and how best to support that person's well-being and function. And it isn't always going to be the maybe older view that it's just a case of stopping it and that's the end of that.

Not everybody is in a place to move forward with all of that. So yes, I think it's a really important acknowledgment. And I think it's one of the key things we need to bear in mind as OT practitioners working within this context. It isn't simple. It's a really complex matter. But I think that growing awareness hopefully will add to more insightful, more supportive, long-term interventions with people and engage with us in this area.

AMY MATTILA:
I agree. I was just going to chime in from an educator perspective because I really appreciate that clinical perspective as well. That was just shared. But you know, at Duquesne University, where I am chair and a faculty member at, as well as, I'm sure programs across the country, I think, you know, even five, ten years ago, we used to get students many times that were exposed to OT through a grandparent that was in the hospital or a sibling or a cousin or a friend that had OT. And I think more and more we are now getting students who share with us stories about friends and family members, significant others who are dealing with substance use disorders. And that is the thing that drove them to explore the profession of OT because they want to better understand and recognize that we can be part of the solution, but they're not quite sure how. And so I think, again, this awareness is very important, even starting at day one of working down into high schools and working with our college students, going to school for the profession of OT and furthering that awareness and understanding as well.

MATT BRANDENBURG:
Absolutely. Thank you both so much. That's such an important perspective to have in mind as we approach this issue and this area of practice within occupational therapy. How would you describe occupational therapy's role in the prevention, treatment or rehabilitation for individuals who are dealing with substance use disorders?

DIERDRE RYAN:
I think this is a really complex question, Matt. You know, I think as Amy's pointed out, substance use disorders are so diffuse in our society now and growing. So they're everywhere. So we're not only seeing them within treatment programs or, you know, in the clinical area that I work in. But I suppose coming from my own perspective and in working within an inpatient treatment context and my role as an OT, I suppose my huge focus is just supporting the people that I work with towards creating a routine or a lifestyle or substances or addictive behaviors can be made redundant that they are no longer relied on. So we need to explore what people can do or what they would like to do rather than thinking about occupations that have to be taken off the table. So support can be put in where needed. Lifestyle changes can be included to support people, to make changes or to stop or to introduce new coping strategies. But I suppose if we keep that core view on supporting people to do what they want and what's important and what is valuable and meaningful for them and support that occupational engagement piece, hopefully, that means that it isn't just in a treatment setting, but that you would be supportive.

You know, whether somebody has a physical health remit and they're working with somebody who has a cardiac or has a substance use issue, what do you want to do? And what's holding you back here? You can still come into a conversation. So think as OTs, we're really well-placed to support workers, consider their substance use in varied settings.

MATT BRANDENBURG:
And I love that. And that's a wonderful answer. I mean, just sounds like quintessential occupational therapy. And I love that occupational therapy is, I guess, gaining recognition and being a viable and helpful option to help people who have substance use disorder. Amy and Emily, was there more that either of you wanted to add on to that question about the occupational therapies' role in prevention, treatment and rehabilitation.

AMY MATTILA:
I would echo everything that Deirdre said. I think it is so poignant, as she mentioned in every setting. And maybe the only thing that I would really emphasize is just having a bottom line of having a seat at the table. So helping to articulate to our pharmacy counterparts, our PT counterparts, our pain management counterparts, the list goes on and on, in the interdisciplinary setting. But being able to help our colleagues, future students be able to articulate that role and have that seat at the table, to be recognized as a valued part of the solution, is also I think a very important part of the advocacy that we are so good at in occupational therapy.

MATT BRANDENBURG:
I love that. The importance of advocating within our field, it's such an important area. I want to discuss the specifics of your studies and the articles that were published in the Substance Abuse Research and Treatment Journal. But before that, I wanted to ask if there are any kind of particular challenges or barriers that occupational therapy practitioners face when working with individuals who are affected by substance use and kind of how these challenges or nuances of working with this population could be addressed.

AMY MATTILA:
I'm happy to chime in first on this one just because I think it's a core part of our particular study that we'll talk about in just a little bit. But from my perspective, I think it's really the fundamental basics. So knowledge, just a core understanding or lack thereof of where to start and how to start. And so, you know, I like to emphasize to clinicians that I'm teaching in interprofessional programs. You know, go back to the fundamentals of OT. Understanding things like motivational interviewing or the knowledge that we have around diagnoses and occupation at its core. But I think that's still a struggle because there is, of course, so much stigma and so much complexity as Emily and Deirdre have both described, that it can be a little bit of a scary place crossing into this area of intervention that might not be considered, quote-unquote, traditional practice. And so I think just knowledge and attitudes in general around the idea of substance use disorder is still a place that we're growing not just as a profession, but as health care.

And so that in itself presents, I think, regular challenges despite whatever setting someone might be working in.

DIERDRE RYAN:
I totally agree with that, Amy as well. I mean, if I was to list all of the things that are barriers to me doing the work that I'd like to do with the people who I work with every day, you could have a really long list. But I think you know that there was stigmas and people's lack of understanding are huge, huge, huge barriers. And again, maybe returning to Amy's previous point about, you know, we need to advocate, we need seats at the table, we need to start speaking about what we can bring to the table to really show people that there are lots of opportunities. And that can be really, really helpful in lots of different ways with working with individuals who experienced substance use. And so I just have a big I was taking some notes previous to this and thinking about these types of questions. And time and access are the massive ones for me. You know, time to work with people because so many of our systems don't allow us lots of time to work with people. And I suppose there's echoes of needing to see substance use and substance use interventions from OT point of view in a much longer longitudinal fashion.

And that came out of my own research. It takes time to build behavior change and support. And I think that's often a huge barrier for me. But again, it does come back to us as a profession, speaking about what we can bring and finding ways in to providing interventions and support over longer periods through different types of services over time. And I really do hope that we're moving in that direction where we will have more time and access to opportunity to work with people.

MATT BRANDENBURG:
Absolutely. That's a great point. This takes time. This is a large ,it's a complex issue. There's stigma surrounding it. I want to give you each the opportunity now. Are there any, you know, specific misconceptions or maybe common myths surrounding the intersection of substance use and occupational therapy that you'd like to address?

DIERDRE RYAN:
I think Amy hit on one. We don't need specialist skills. You know, we need our OT skills. And that and I suppose lack of confidence. Even people who are working in this area that need additional knowledge or additional skills, we need our core OT skills and we can be of assistance. Yes, further learning and further knowledge is always going to be helpful and will bring different nuances to the interventions. But I think that's one of the main things. And the second thing for me is that in a substance use treatment setting, we're not just dealing with the emotional impacts of the substance. You're dealing with everything else that gets uncovered when people choose to change their relationship with the substance or choose to detox or choose to enter recovery. And so often the initial reasons for referrals get put to the side as other things come up. And that's again, where we need to fall back on our core OT skills because we have the skills to deal with, you know, different social difficulties that people experience.

And we have the ability to look at people's physical functioning. We can look at the other things that maybe get uncovered and things like, is there ADHD difficulties? Is there other neurodevelopmental differences? Are there other mental health difficulties that people were not so aware of? So that's a big thing for me. We need our core OT skills and also be aware that you're not just dealing with somebody and their substance. You're dealing with everything that uncovers as a result, which is both our challenge and our privilege of being an OT.

SPEAKER:
I love that. That's such a powerful answer. And your drive, we need our core OT skills. I love that quote. I know in my practice I don't work with this population, but as a young practitioner, I kind of feel sometimes a pressure to to gain more specialist type skills. And it's important to continue developing those skills. But one of the most important things practitioners everywhere can do is make sure we're staying true to our core OT skills and that OT lens that that we can bring to any population or any treatment setting to really help people achieve best overall health outcomes. So thank you so much, Amy or Emily, was there anything you wanted to mention before we dive into the studies here? Well, Matt, I think what you just said was going to be exactly my comment and not to call you on the table by any means, but I hear that so often in that like, I don't necessarily work with this population or I'm not working in a quote unquote, mental health setting. And so one of the things that I really like to get on a soapbox about, so to speak, is the idea of universal screening, just like we do with pain management or a variety of other factors in OT, because I think we'd be surprised, many of us, whether we're working in pediatrics or school based or older adults, acute care on and on outpatient, I think we may be alerted a little bit more about how often, as Emily shared, statistically speaking, we actually are working with this population, but maybe we don't quite know it yet.

And so I always like to put that little bit of a plug in there. Again, relating back to the knowledge barrier of just understanding some some basic practice of universal screening or conversations, if nothing else, with clients about their occupational profiles so that we might better understand if in fact this is an issue that we might be able to engage with in our practice. So I think just again, recognising that folks dealing with or whether it's themselves or a family member with substance use disorder are everywhere in all walks of life. And so if we approach our practice that way, we can generally just keep our eyes and ears out for best ways to help this group of individuals. I love that. Thank you so much, Amy. And yes, no, please put me on the table. I approach this in every interview just ready to learn. And I'm so happy that all three of you are here to share your expertise and your experience within this field. I wanted to ask a follow up about universal screening and if there's listeners or practitioners out there who'd like to maybe begin to incorporate universal screening into their own practice, what's a resource or somewhere they could go to to learn more about that?

Again, my perspective comes heavily from the educator side. So we teach certificate programs to clinicians all over the country in terms of substance use disorders, and we just commonly reference the Samsung materials or any of the publicly available screening tools that are out there. So there's screening tools for pediatrics. There's screening tool, such as the craft. They're screening tools for women who are pregnant. There's everyday screening tools that ask just basic questions about drug use, alcohol use, tobacco use. And so there's a variety of all publicly available screening tools that are out there. Again, I think it does take a little bit of extra digging and making sure your comfort level is appropriate, making sure it's appropriate from your setting. But I think that's what all of us, especially in this special edition, are here for, is to serve as resources as well. And I know even in our small group we've been able to share some great tools that exist out there. So I think just knowing that they are out there and they are publicly available in a variety of domains makes them accessible to us as OTs.

I love that. Thank you so much, Amy. And and we'll be sure to link the journal that we've been referring to. And if you could send me the link to some of these publicly available kind of assessments and questionnaires as well, we can link those right in our episode description for the listeners too. I think that people often develop a really strong rapport with their occupational therapist, I mean they feel accepted by this person, they feel understood. It's a friendly relationship and they place a lot of trust and a lot of faith in the expertise of their therapists. And so when we take that to, coupled together with the fact that it's almost 17% of the population of the United States, that would meet the DSM criteria for having a substance use disorder in the past year. So that's its current you know, that's past year in the United States. It's like one, between one in in seven people are in that Category. So the odds that an occupational therapist are going to come across somebody who is in the need of referral to treatment or in need of some kind of support related to substance use are pretty high.

And considering that individuals really do tend to look at their therapist as an expert on a wide range of health issues, it really it opens up the possibility that any occupational therapist, if they are feeling confident, if they are feeling trained and ready to engage with that person around those issues could make a tremendous difference. And not only to that individual, but you have to consider the fact that there's ripple effects, that that individual is also maybe in relation to a family or a partner or their community, neighbors, that kind of thing. And so the real good that an occupational therapist can do in that situation is tremendous and sort of exponential, which is what makes me so excited about it. And the articles that (UNKNOWN), Amy and the other authors have produced. I love that. That's, such a great point and a really important perspective to have in approaching this issue is that the impact OT practitioners can make is has such a high potential. So that's a great point.

I'd love now to dive into these specific studies and articles that were published to learn more about what intervention may look like and what you discovered and uncovered. We'll get back to our interview right after this quick message. You all know we really try to make research more consumable and applicable on everyday evidence, but did you know that just one minute of your time could help us to improve the show, improve the resources? The American Occupational Therapy Association provides for practitioners and improve the application of evidence to practice within our whole field. Please take our one minute survey. It's only three questions and you can find the link in this and every episode's description and support the AOTA and continued efforts to improve our podcasts and to improve the translation of research to practice. Now back to the interview. (UNKNOWN), you were the primary investigator on the article titled An occupation based Lifestyle Lecture Intervention as part of an inpatient addiction recovery treatment, exploring occupational performance, balance and personal recovery.

How was this study designed and what did intervention look like? I feel I need to give a really brief background into, I suppose, how it came about, first of all. I work in a private inpatient mental health service or a mental hospital, and all of the inputs through our service are funded through people's private health insurance. That isn't the norm. Remember, we're coming from the European perspective, the Irish context. Most of our health care is is provided on a public system. So I work within the private system and we have two residential substance use recovery treatment programs. One is the alcohol and chemical dependency program. So for people who have a primary and diagnosis of substance use, and then we have a second program, which is a dual diagnosis program. So they program accepts referrals for people who have a substance use diagnosis, but also access one mental health like (UNKNOWN). And I've worked within these programs for about 12 years. The, I'm a bit of a lone wolf.

There's not that many OTS in Ireland working in this area. I was really unsure about how I should be approaching any of these interventions. So put some things in place. And then after a little while I decided I probably need to have some of these. How am I getting on? So I actually undertook some additional study and the paper that was published in special collection was actually my main research, my main piece of research associated with that master's program. And so the intervention that was exploring, I thought it was really important to start representing what OTs are doing in clinical practice. What was I doing on the ground to explore? First of all, how were the outcomes of the service users? But also I suppose to start disseminating what's happening because I couldn't find anything when I was exploring. So I looked at the occupational therapy lecture intervention that was running on the two programs, and it was a lecture based kind of psychoeducation based intervention simply from resources point of view.

There was two whole program groups and me as a single OT, so it would have been very difficult for me to do a number of smaller groups on a consistent basis because this is what I do day to day in mechanical practice. And so we designed a lecture to excuse, try and give people a really good broad overview of what we do as occupational therapists. And we designed five different topics. So we looked at stress and coping with stress through lifestyle interventions and lifestyle balance and the concept of lifestyle balance, self-care and leisure and then motivation. So there was a rolling intake of group members, as there continues to be. Every week, we have slightly different groups as people progress in and out of the program. And so occupational therapy concepts were introduced at the beginning of this lecture, then followed on by the topic that we were dealing with on that particular day. All of the group members were provided with resources and worksheets and goal setting sheets, and they were completed during work, during the group time, as well as with the aim of trying to personalise and trying to bring some element of a group processing element to the lecture.

And we always had time for discussions and time for questions and different things like that. So that's what we were looking at, trying to explore as a piece of research. So if we look at the study design, we had a quantitative approach. So a single group, Pre-post intervention survey design was employed. Because we really wanted to capture the people who we were working with day to day, their perspectives of occupational performance and occupational balance. And I suppose seeing whether that changed over time when after they engaged with us for a number of weeks in the lecture. Thank you for describing the design and the program, how it was set up. What did you find in this study? What did you observe that participants were experiencing and how did this program really help the participants? I suppose, first of all, we got some lovely, positive outcomes as regards our statistics. So we did see that there was a huge growth in understanding about occupational performance and engagement through attending the program.

And for the majority we had 16 participants. 14 of the participants showed higher scores at post intervention, indicating that they had gained knowledge and understanding of their own on lifestyle principles, I suppose, from attending the program. We did see that a couple of people dropped off. They had lower scores. But suppose we also really have to understand that occupational therapy comes to looking at people's lifestyles and in a whole different way than is typical within maybe substance use treatment. So we were presenting a wider view of the substance, the impact of the substance and also the loss of the substance for people. So there was an increased insight into the wider impact of substances and on people's day to day routine, which initially when you read it, you think maybe that's a negative thing and then you begin to realise actually it's a hugely positive thing because people are so much more prepared and so much more insightful about the types of lifestyle changes that would support them going forward.

And and I suppose just if we're teasing out a couple of areas that were really important or really valuable, areas that looked at self care and areas that looked at leisure were the huge pieces that came out of having positive changes pre and post intervention. So in helping people to understand that occupational violence is so clearly linked with self care and leisure. It's not just about the substance and the recovery piece or their productivity piece. So that wider viewable (UNKNOWN) and the wider view of lifestyle and really did seem to be appreciated by the people who attended and which was really, really interesting to see. And as well as that, they really began to link lifestyle with their recovery. It wasn't just about the recovery actions, as in attending their meetings or attending, attending their counselling sports, they really began to see their lifestyle as a tool to support their overall wellbeing, but also as an extension of the recovery planning itself, which was really heartening to see because that's what we were experiencing day to day when we were speaking to people.

It was just so lovely that the statistics also seemed to come in line and support what we thought we had been working on quite successfully with people (INAUDIBLE) That is powerful and such an important and impactful study that that you conducted and were part of. How how would you say these findings contribute to the understanding of substance use and occupational therapy? I think fundamentally for me, it really supports OT fitting well within this type of work. We really have very little to say that OT seems to be contributing positively to people who have substance use issues, and particularly, I suppose in my case, ta ta within substance use treatment. I think it really highlights our unique focus on lives and engagement and how it's supported. It supports people's general engagement. And I suppose also coming back to the points that were made earlier, how our approach to looking at occupation is non-judgmental, and it is about reviewing how people explore their substance use and its impact in a way that is really personal to that individual person.

Rather than putting a judgement on it one way or the other. And, and think our view of how valuable leisure and self care can be to people in general about enriching lives and was really clear in the study and it doesn't seem to be facilitated in such a clear, focused way by other professionals. And I suppose to coming away from the research for a second and just beginning to think about the feedback that I get generally when I'm working with people on the programmes day to day. So particularly if they've been in other services, then they can never realise that the lifestyle component recovery was so important. So it really does contribute to the value that OT can bring on a wider recovery effort for people... In substance use treatment but also I suppose that that idea of that lifestyle, even if people aren't moving towards abstinence and aren't moving towards necessarily a picture of recovery right now, that our OT value of lifestyle enrichment means that people have something for aspiring to improve somebody's lifestyle and their overall wellness, then maybe they get motivated to make further changes in life as well.

I love that, that is so powerful and is truly at the at the heart of occupational therapy, and I love occupational therapies, focus on lifestyle, self-care, and leisure, which are huge parts of people's lives and can have such, you know, amazing impacts on every area of occupational performance. Thank you, (UNKNOWN) for sharing some more about your study. I wanna take this opportunity to point our listeners again to the full article that we will have linked in our episode description. (UNKNOWN) you were also a primary investigator on the article titled Perceptions and Knowledge around Substance Use Disorders and the Role of Occupational Therapy A Survey of Clinicians. Can you introduce us to this study and share what you were seeking to really discover? Sure. Thank you. So, my co-authors and I, which were two of my research apprentices at Duquesne and did a phenomenal job so I would be amiss to not give them a quick shout-out here. So, but we were very interested in getting a more updated lay of the land, so to speak about knowledge and attitudes, knowing that as we've heard time and time again, these numbers are increasing, this continues to be a societal issue.

Kelly Thompson in OT and health Care had done a sort of similar understanding of practitioners addressing substance use disorders in practice, that was back in 2007. And so, so much has happened in this landscape in years since then. And so my students and I were really looking to just get a better understanding of a variety of practice settings, a variety of years of experience, and looking at where, you know, where we are at, even just in a small snapshot of the profession in terms of awareness, abilities, confidence in being able to work with and treat those with substance use disorders. So, that was really our driving force in doing this study. And I love that. What were you asking in the surveys that were distributed and what did you really find from the participant responses? Yeah. So, we decided to use some commonly used survey instruments that are out there, you know, even beyond OT. And so, we use the medical regard scale specifically that focuses on we asked our participants to really think about individuals with substance use disorder when completing this particular scale.

And this scale asks things like, I believe working with patients like this is satisfying, questions like insurance plans should cover patients like this. So again, looking at things like (UNKNOWN), looking at satisfaction with working with clients, with substance use disorders, confidence such as I can usually find something that helps patients like this feel better. I enjoy giving extra time to patients like this, so it asks a variety of questions around that medical regard for individuals with substance use disorder. Then we also asked questions that were adapted from the drug problems perceptions questionnaire, and these were more core knowledge-based questions. So, things like I feel I have a working knowledge of drugs and drug-related problems, I feel I know how to counsel drug users over the long term, I feel I can appropriately advise my clients about drugs and their effects. So, these were very (UNKNOWN) sort of content-focused questions. And so our participants answered a variety of these questions and overall we got some interesting results.

So, I think one of the first things that was not as surprising but validating to us is of the participants that responded. First, we did get a nice variety of practice settings, so we had clinicians from everything from acute care to school systems to community-based practice, inpatient, academics, home health, and so on, but a nice wide variety of the subset of practice settings in OT. We also had a variety of clinical experiences. So, while about 40% were newer clinicians, about zero to five years, we had a subset of clinicians ranging from six to ten, 11 to 15, and even 20 plus years as well. And overall, one of the big things from this entire snapshot of clinicians was that about 72% reported no formal training and substance use disorders. So, that in itself really validated the concern that we had going back to those barriers that we talked about earlier, that, you know, clinicians need more education or training to at least feel comfortable and confident. I think we've said time and time again, if we could emphasize anything, it's going back to the roots of OT.

But I think in any setting we all feel a little more confident and a little more comfortable with a little bit of knowledge under our belts as well. And so, that was really insightful to us, knowing that the vast majority of our respondents did not report any kind of formal training. In terms of the subscales themselves, you know, we really had some numbers across the board. I think the ones that were a little alarming, I guess, is the best word to use is a statement such as I prefer not to work with patients like this. We still had about 16% of respondents that answered strongly agree to a statement like this. So again, comparing to the literature, we know that stigma is still an issue in healthcare settings within practitioners, but even in the subset of practitioners, that was something that we felt, you know, 16% is still a little too much. And so we need to do more and work a little bit more to address that stigma within the profession. On the flip side, we had many respondents feel that it was an absolute necessity for OTs to work with patients that have substance use disorders.

We had 72% report they believe insurance plans should cover our role and responsibility and working with these clients. So, I think the passion and the interest is there, we just have to marry the knowledge and the comfort level with that interest. And so, I think overall that was a big outcome of our particular study. Yeah, absolutely. Thank you for that summary, it really sounds like OT services are needed, more of them are needed, but also more education and knowledge for practitioners is needed along with a decreased stigma. What really impact does that type of stigma have on an individual with substance use disorder, and what would you recommend practitioners do to combat that stigma? Well, I think we know just based on narratives and literature around those that are actively dealing with substance use disorder, simply asking the question as a practitioner, asking for permission to have a conversation about substance use disorders, asking to screen as we've discussed a little bit, simply asking the question goes such a long way.

It opens the door, as (UNKNOWN) shared, you know, we are in such a unique position in OT to build a level of rapport that many other professions just don't have the opportunity to do. And so, I think just taking those initial steps of familiarizing yourself and being comfortable with asking basic questions about substance use. And again, we're talking like the tip of the iceberg, so, I'm not even talking about those that are actively seeking alcohol or drug recovery programs or those that are in traditional substance use settings. I'm really talking about those that are simply at the top of that at-risk triangle related to substance use disorders and as OT is being comfortable with having those conversations. So, we know that just opening that door will lead many, many individuals down a path of interest, maybe not necessarily full-blown recovery just yet, but exploration of being willing to have a discussion and open the door about what recovery might look like. So, I think that if we can again universally sort of just adopt these conversations, then some of that knowledge and some of that comfort and some of that confidence and then decreasing stigma will go alongside with that.

I love that and I love that metaphor to how OT practitioners can be instrumental in helping individuals to open the door that can lead to so many different outcomes and overall well-being. It's up to the practitioner to, you know, sometimes bring up that question and... Absolutely. And do so. (UNKNOWN), is there anything else you'd like to add about how these findings and what you discovered in this survey contributes to our understanding of substance use and occupational therapy? I think just again, overall, hopefully sending a message that, you know, we do have a role and we do have a voice. And, you know, as one of the things I said earlier, we are incredible advocates. And so being able to be comfortable and confident in, with this population and across the board at any level is just a really huge step in the right direction, not just for OTs, but for these very vulnerable and worthy clients that we are able to treat. I love that. Thank you so much, (UNKNOWN). Let's see, we're coming now to the clinical recommendations and conclusion questions.

Could you share any success stories or personal experiences that highlight the positive impact of occupational therapy on individuals recovering from substance use disorders? As a clinician, you always have, you know, tough days. The thing that really is helpful for me is those wonderful shining lights of this is really helping this. And as in had somebody recently even say that, so, it was just so lovely. So many people who I work with are now reporting that like they never thought (UNKNOWN) their wider lifestyle as I mentioned before when they were thinking about recovery actions and that it is true OT, you know, and the OT interventions and the types of conversations that I've had with people and that my colleagues have had with people that make them think about their recovery in that wider context. And this was even just one person always brings to mind, and it's somebody who I bring up quite regularly when I'm delivering the lectures and speaking with people. About maybe six months after I introduced the lecture, I had a lady come back into the group and she had experienced a relapse and she came back in for support and to get a handle on her recovery again and kind of regroup.

And I happened to be doing this as peer lecture that day. And she stood up at the end and she spoke to the whole group and she said "My recovery plan (UNKNOWN), was just about the substance use part of my recovery and just as I've really realized that I ran out of energy because I didn't take care of my own self-care. And then had no choice or felt like I had no choice but to return to the substance." And that kind of light bulb moment for her happened so regularly as examples like that all of the time where people realize, oh, I can't go out and live the life that I did before and expect a different outcome, that my lifestyle can not play a part in supporting me to remain well. And it's just that whole piece of it isn't self-care or recovery, self-care, and recovery to nourish the person and their well-being as well as supporting their recovery needs. And it's just it's one of those examples that will always stick in my head, and I would always speak to people who work with folks because it was so clear that the penny dropped in that session for that meeting.

And it was a pleasure to to to see her to to see that moment happening, even though it can be a challenging clinical area to work in, and we do experience people with relapses or challenges to recovery, but there are lots of examples of (UNKNOWN) lifestyle having a positive impact on you. Absolutely, absolutely. That's got to be so powerful for the whole group who was present and also really inspiring and probably a little gratifying, too as a practitioner to see a client gain that insight and make the connection between self-care and recovery for themselves. That's such a wonderful example of growth and, and how occupational therapy intervention can really lead to positive outcomes. (UNKNOWN), is there a case study or personal experience that you'd like to share? A very brief one, but I think it really gets to, again, the importance and those (UNKNOWN) moments of having confidence in addressing these issues. So, I absolutely love (UNKNOWN) story and I'm so thankful for clinicians just like her who are addressing this on the ground day to day.

On the flip side, in my world, I'm often educating those that don't necessarily have that knowledge or comfort level just yet. So, I think back to my very first training session where I had all of my level two students in for the certificate program, they all went through and learned a lot of basics around substance use disorder and basics around screening and brief interventions. And a few weeks later, I had one of my level two students reach back out to me. She was in an acute care setting, and she shared this story that in her particular hospital they were seeing this gentleman just kind of a typical sort of revolving door where he'd come in from a car accident with a broken wrist, and they would treat and address the broken wrist. And then the next time he came in and had a mild traumatic brain injury and they would work and treat and address the mild traumatic brain injury. This client came back a third time and it was actually the fieldwork student who kind of paused and asked the therapists that she was working with and said.

You know, at what point do we kind of peel away these layers and work on the underlying issue? Which is that this gentleman continues to drive under the influence or ride in a car with someone under the influence. And it was just such an amazing moment to me because I think that hits the nail on the head where we're amazing in our respective specialty areas like orthopedics or outpatient or pediatrics or whatever that might be. But that was just such a prime example of the additional things that we can do and can offer as OTs, which gets to the root of the problem of individuals dealing with substance use disorders. So, I always think back to that story and I share it often to emphasize to clinicians who are learning about this and trying to implement it again, sometimes it's not even a question to the client, but a question to our colleagues about where and how do we address the root of the problem. And so that's always a kind of a success story from my perspective of education around substance use disorders.

MATT:
Absolutely. I love that story and it really highlights the importance of treating a person. Usually, the symptoms of what someone is going through are more easily seen and it might take a little extra effort to find really the root cause of those symptoms but doing so is person-centered practice and it's treating the person as a whole, and can really make an impact so I think that's a wonderful example. Thank you, Amy. In addition to what we've already discussed, what are some practical strategies or recommendations that you would give to practitioners that they could implement based on what you found in your research?

EMILY:
We now know from research that it is not helpful to people when we think about addiction as being a personal choice or reflecting their lack of willpower or any kind of moral feeling. And you know that that's not how we think of addiction and it also, we know, isn't a helpful way to approach somebody who is struggling with substance use disorder. And so one thought I have around that is when occupational therapists realize that for whatever reason, they are holding on to some belief because it's easy to pick up this belief just from living in our world or our society, that it is, you know, that there's a person who's making a choice and it is their choice to use or something like that and that that can kind of exacerbate the stigma or make it harder. And so doing our own work of realizing when we're holding on to those attitudes or those feelings can make us even more effective when we're engaging with clients. And it can just be hard to do that. You sort of have to like, I think, search yourself and root out like do I have beliefs that are at all at odds with what we know to be effective in this situation?

MATT:
I think that's a really powerful thought of just how everyone does have internal bias, sometimes internal stereotypes, and taking the time to really introspect and identify those can help practitioners relate more to the people they work with and help them to achieve better outcomes for sure.

EMILY:
Yeah, and of course that isn't specific to occupational therapists whatsoever, it's sort of everybody everywhere but, you know, worth kind of maybe thinking about a little bit. The other thing that I've been thinking about is just how this one issue has been such a nice vehicle for exploring how public health and a public health perspective can help elevate work that occupational therapists are doing and bring that even wider or sort of elevate or help make louder the fact that occupational therapists have a role to play in some of what we consider really tough public health problems. And the public health mindset of sort of looking at social determinants of health or what is underlying people's health-related behavior in certain situations or the health care that they either get access to or don't get access to or ask for or don't ask for. But that's been a really helpful perspective in moving things forward, I think, when it comes to this issue of substance use and occupational therapy.

And it makes me wonder about the other issues where blending together this public health perspective and the work that occupational therapists and researchers who are studying occupational therapy issues, you know, what more can we do by creating that synergy together?

MATT:
That is such a good point and I agree. I think OT practitioners are so poised to bring a valuable perspective to public health, especially when working with people who have substance use disorders. What would you recommend to practitioners who are interested in branching out into more public health or community health? What would you recommend they do to start that journey and participation?

EMILY:
That's such a great question. And, you know, like this special issue that we did was in its own way this great little step of, you know, this is a journal where they haven't published occupational therapy-specific articles previously. But I'd been on the editorial board and Greg Stewart, who's the editor-in-chief, and this is a good opportunity to say thank you to Greg for being willing to pursue a special issue of this journal on occupational therapy. He saw the value in that. So just branching out and for example, publishing in a journal that's not an occupational therapy specific journal or reading a special issue that's not just an occupational therapy only type journal or website or whatever. So just branching out a little bit and finding those connections is one way to get started. But then think it is also about building relationships. So, when occupational therapists form collaborations with people who are not occupational therapists, it's like creating a richer, stronger fabric by blending different fibers and things together, working together we can create these interesting projects and develop new perspectives on things or have access to different kinds of resources.

So it really is about relationship building and I think in people's locales wherever they are, reaching out to the local... So there's often city or town health departments or department of public health or state health departments and figure out what kind of coalitions do they already have in existence on the issue that I'm interested in, and then figuring out how to connect and join up and start working on some small little discrete project with that coalition or with that board is a great way to get started. And then telling other people about it, you know, So making sure that you, I don't know, like do a podcast or write about it or blog about it or something so that other people find out about this great work that you're doing.

AMY:
I would really default to exactly what Emily was sharing in terms of, you know, just the ability to take a population health perspective, look at various public health models like the trans theoretical model of change, and looking at ways that we can make small changes. So, that's also something I really like to emphasize that sometimes we're not celebrating, Deirdre referred to this, too, we're not only looking at abstinence, but we're also celebrating the successes of this client went from drinking eight beers to seven beers, and that's a huge success because that's a step in the right direction. And I think, again, that's a very sort of public health-minded, different kind of approach than the traditional sort of white quote 'idea' of someone must be abstinent to be successful. And so that's different for a lot of us to think that way. But, you know, I think recovery is such a journey that if we can wrap our minds around being able to use our goal-setting strategies and really dive in and meet the person where they're at, we can see a lot more positive change and positive influence around the idea of very just practical strategies and approaches to take.

MATT:
I love that. That's a wonderful recommendation and I think celebrating those successes is so important and can be so impactful not just in creating a positive environment, but also helping clients and individuals that practitioners are working with to gain additional insight and sometimes seeing how far they've come, even if it's, you know, a small change in their lifestyle can be another one of those lightbulb or penny dropping moments. So that's a wonderful recommendation. How about you, Deirdre? What would you like to recommend to our listeners?

DEIRDRE:
Yeah, I really echo what Amy saying. I work within an abstinence-based program, but that doesn't mean that as an OT I can't work with people who are a little bit ambivalent about the length of their recovery or how long they're committing to it. So I just think it's so important that we are uniquely positioned to help people look at the changes that they can make on a tiny level that would really have longer-lasting effects. So, yes, I completely echo that. I also think some of my research has really highlighted the importance of supporting people to going beyond just talking about it, you know, particularly people who are in treatment programs, they talk a lot. They talk all day about the changes that they want to make, whereas because we're specialists in engaging with people and engaging people in occupations and facilitating occupations, we can bring that different view. Some of the really powerful findings and some of the powerful changes in the questions in my research were related to occupational engagement, getting people from doing very little to actually doing things through some of its OT involvement., some of it was to do with other aspects of the inpatient program, but it was that doing piece that was so important.

So I think don't just talk the talk and go out and make plans. Do with them, facilitate, help facilitate that doing because without getting into the neurology of it all, that's often where the challenges lie for people is starting the new thing, the trying the new thing but having the confidence to do anything or that just initiation skill in itself. So yeah, do what we do best and do with people engage in occupations, even if it's going for a walk around the garden or going to grab an ice cream or whatever it might be. Often with the people who I've been working with, they haven't been doing these things. So we need to help them re-engage so they really revisit that value of occupation for themselves and don't expect them to do it for themselves. Be their supporters as well.

MATT:
I love that. That is wonderful. There is power in doing. I love that. I only have two more questions now. We've made it to the end of this interview almost. How can occupational therapists and OT practitioners stay up to date with the latest research and evidence-based practices in the field of substance use?

DEIRDRE:
It's a tricky one for me. I think we're definitely beginning to see more and more publications and people speaking about it and people presenting at conferences about it. So do get out and look. I would really echo what Emily has been saying as well about, you know, looking further afield, you know, think about like public health initiatives or think about other professions who are working within this field as well and reach out to them. I have been really lucky in the last number of months that I am now part of a UK and Ireland special interest group which is working within substance use. And that's been a really massive supporting feature of what I've been doing in recent times. So, sometimes it's about seeking others but I found that group because I spoke up and I put things on social media and Twitter about why publications and people cut onto them. So, some of it's about going out and looking, but a lot of it, I think, is going back to Emily's point of going out and talking, communicating, shouting what we're doing, talking about it.

We would find each other as time goes on. And what I have gained just through engaging with colleagues who were doing similar work to myself across the UK and Ireland has been so enriching. So, start talking and putting out those feelers and seeing can you find those like-minded OTs as well because they would bring such richness to what you're doing every day, as well as hopefully having an increased pool of evidence and research to be pulling in.

AMY:
I would just say ditto to all of that. That was perfectly said.

MATT:
Perfect. A great ditto and a retweet from me as well. I'll throw my hat into the ring. We are now to the Golden Nugget segment. I can't let you leave this interview without asking for a golden nugget. If you could tell OT practitioners one thing, what would it be?

AMY:
Again, in the most simplest form, be open-minded, be yourself, be compassionate, be empathetic, and just be willing and ready to take on the sometimes immense challenge, but also immense reward of working with this population.

MATT:
That's wonderful and powerful to put into practice. And how about you, Deirdre? What's your golden nugget?

DEIRDRE:
I'm coming back to things that have already been said, but it's just trusting your OT skills, you know, really do trust your core skills as an OT and really keeping that focus on a life worth living for that person I think is just the most helpful thing to do. If I could add one other thing to say is that I think there can be lots of bumps in the road with people when they're experiencing treatment like this or working with people who experience substance use disorders. And we need to be really mindful that we can do so much and that we need to be empowering everybody else to meet themselves where they're at as well. So there'll be challenging days, but that's not a reflection on us or what we're doing, it's just about giving people the time and the scope that they need to do what they need to do to support their well-being.

MATT:
Absolutely. That's wonderful advice and truly educational and inspiring for practitioners who want to learn more about this field and grow their involvement in working with this population. I would want to thank you so much again for coming on the show for answering these questions. It's truly a pleasure to get to know you and hear about your expertise.

EMILY:
Thank you so much. I want to express my thanks to Amy and Deirdre and just profound appreciation for the time and the effort that they put into not only doing the research, but sort of working on and revising their manuscripts and coming together to be part of a webinar that we did that was really a global webinar when all the different authors of articles in this special issue presented their work to a really large audience. So thank you to both of them and to you for this opportunity.

AMY:
Thank you so much. It's been a pleasure.

DEIRDRE:
Absolutely. It's been such a fabulous opportunity and such support has come from you, Matt, and from Emily, and from everybody involved in this project today. It's been a real pleasure working with everyone.

MATT:
Yeah, well, thank you so much. We'll have to do it again sometime.

AMY:
Sounds great. Count me in.

MATT:
Perfect.

SPEAKER:
Thanks for listening to 'Everyday Evidence'. Tune in next time for more evidence-based practice insights and applications.