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STUDY: OCCUPATIONAL THERAPY REDUCES SUBSTANCE ABUSE, HOMELESSNESS RELAPSES

OT in a Peer-Support Community Setting Increases Perceived Community Affiliation, Supportive Behaviors, Self-Determination and Quality of Life

Bethesda, MD — Relapse is common for those with substance abuse disorders, and stable recovery is generally defined as a four- to five-year period of continuous abstinence. Typically, severe and persistent alcohol and other drug addictions have been treated using an intervention paradigm, which consists of short-term treatment with the expectation of full recovery.

However, an occupational therapist-led approach – a peer-supported community program focused on self-determination – could provide a significant reduction in risk of relapse for both substance abuse and homelessness, according to a new study by Rosemary Boisvert, MS, OTR; Linda M. Martin, PhD, OTR/L, FAOTA, a professor and chair of the Department of Occupational Therapy and Community Health at Florida Gulf Coast University; and two other occupational therapists who were graduate students at the time of the study, Maria Grosek and Anna June Schug.

“It is unrealistic to expect patients with chronic substance abuse disorders to achieve full recovery following a brief intervention,” said Martin. “Though this was a small study, our evidence suggests peer-based community support following a participatory and empowerment approach may improve recovery long-term.”

The agency supporting this study, the Transitional Living Center of Southwest Florida Addictions Services, added permanent supportive housing as part of the continuum of care in 2004. The residents served by the housing program were all homeless prior to admission to the program, and all had completed a residential substance abuse program and/or a halfway house program prior to moving into the peer-supported community. Goals of the new community were to help residents continue abstinence from abuse and transition out of homelessness.

Analysis of residents prior to the introduction of a peer-supported community program revealed a 24 percent chance (monthly) of relapse to substance abuse, while the risk for those residents participating in the program was seven percent. Six months prior to the study, the relapse rate for homelessness was 85 percent. During the first six-month period of the study, the relapse rate for homelessness was 33 percent.

It is important to note that, when relapses did occur, residents suffering “minor relapse” (i.e., one drink or drug use episode) typically remained in the peer-supported community and sought out assistance from others. Additionally, the relapses were short-lived compared to prior experience and did not result in major set-backs in the recovery process. Major relapses resulted in re-engagement of the person in other residential programs within the agency.

Evidence from the study supports the use of participation in a peer-supported community as a promising strategy for sustaining recovery of at-risk clients. “Pre-program relapse data suggests that permanent supportive housing alone is insufficient to secure a positive result for most at-risk clients. Biweekly meetings and social events promoting participation, mutual support and self-determination empower individuals to take control of the direction of their lives and provide them with social supports that often are not available when clients are released into the broader community,” said Martin.

“Furthermore, the majority of residents in the housing unit chose to participate in the community, the majority continue to maintain housing and many, if not all, take an active role within the community by

either sitting on the board, being part of a committee, attending neighborhood watch meetings or bringing community issues to the staff, as well as taking staff-identified issues back to the community for discussion. A number of residents have since moved on to other permanent housing within the broader community and continue to maintain recovery,” she continued.

Study Design: This study used mixed methods including pre-test / post-test measures, semi-structured interviews and participant observation. Objective measures and initial interviews were administered upon residents’ admission into the permanent supportive housing community and then again nine months later. Data from residents of the peer-supported community during the year prior to the implementation of the program under study were used for comparison to data over the course of the year following initiation of the program for the purpose of evaluating relapse rate changes. A full year’s data pre- and post-study was used in order to control for the impact of seasonal effects.

Protocol: The peer-supported community program was designed by an occupational therapist following a recovery community model published by the Substance Abuse and Mental Health Services Administration (SAMHSA) and using occupational therapy guiding principles involving the use of occupation as a primary focus. The program was implemented by professional and support staff and the research team under the direction of the occupational therapist, who is also a certified addiction professional.

Reference: *Occupational Therapy International, Vol. 15, No. 4.*

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