



Report on the Professional Issue Forum on

## **“Addressing Addiction”**

Niagara Falls, ON – CAOT Conference 2019

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession’s presence in these areas.

### **Introduction**

In Canada, occupational therapists are increasingly integrating addiction-related assessment and intervention into their practice. There is scant evidence to inform occupational therapy assessment (e.g., Rojo-Mota, Pedrero-Pérez, & Huertas-Hoyas, 2017; Rojo-Mota et al., 2017; Rojo-Mota, Pedrero-Pérez, Ruiz-Sánchez De León, & Miangolarra Page, 2014; Sawant, Gokhale, & Ferzandi, Z.2017) and intervention (e.g., Kiepek, 2016; Rojo-Mota, Pedrero-Pérez, & Huertas-Hoyas, 2017; Wasmuth, Pritchard, & Kaneshiro, 2016), resulting in a high reliance on research outside the profession. While this is not uncommon, certain limitations suggest a need for profession-specific research and knowledge sharing. Data suggests that success rates for addictions interventions are 40 to 60 percent, comparable to chronic physical health interventions (National Institute on Drug Abuse, 2018). However, these rates are variable, changing over time, differing by service, and dependent on how “success” and “relapse” are measured. Occupational therapists are therefore urged to use caution in reviewing the quality of the research supporting existing interventions.

### **Objectives**

The intent of this professional issues forum (PIF) was to:

- Discuss the current context of substance use in Canada and implications for occupational therapy practice.
- Explore unique occupational therapy perspectives, roles, and approaches to respond to client and public concerns surrounding substance use and addiction.
- Identify strategies to strengthen occupational therapists’ competence and evidence base to address substance use.
- Promote alliances with people with lived experience when undertaking research, teaching, and program development.

## Panel Presentations

**Niki Kiepek**, MSc. (OT), PhD, OT Reg. (NS) is an Assistant Professor at Dalhousie University and author of the book *Licit, Illicit, Prescribed: Substance Use and Occupational Therapy*. She earned her PhD in the field of Health Professional Education. Throughout her occupational therapy career, she worked across a broad range of practice areas, including paediatrics, hand rehabilitation, inpatient acute, long-term care, ergonomics, community mental health, and addictions. Current research projects examine patient-oriented research about inpatient substance use, Nova Scotia Mental Health Court program evaluation, and substance use by professionals. In her research, she applies critical theories to explore occupation as a social construct and investigates the construction of acceptable and unacceptable ways of acting and ways of being.

**Nicole Bartlett**, MSc. (OT), OT Reg. (Ont.) is an occupational therapist based out of Toronto. Nicole developed the first OT role in the Addiction Medicine Service at The Centre for Addiction and Mental Health in 2012. She provides individual and group therapy to promote substance use recovery with a focus on relapse prevention, vocational rehabilitation and chronic pain management. She is also a member of an intensive consultation-based team that provides assessment and treatment recommendations for individuals with complex pain and problematic use of prescribed and non-prescribed substances. Early in her career, she identified that art was being underutilized as therapeutic modality and she decided to combine her early passion for creative arts with her OT training to co-facilitate programs designed to integrate creative expression into the recovery journey. Nicole has seen firsthand how sharing personal stories through photography has positively impacted the recovery of many of the people with whom she has worked and she continues to be passionate about sharing this experience with others.

**Wade Scoffin** is Managing Director of CAOT-North and a private practice occupational therapist in Whitehorse, Yukon. He has more than 10 years of experience supporting clients and employers to manage addictions and maintain employment. Wade is a self-employed occupational therapist living and working in Whitehorse. He was the former president of the Association of Yukon Occupational Therapists (AYOT) and has served as a CAOT board director and vice president.

**Sean Patenaude** has been deeply involved with the mental health community in Toronto since 2013. He has been deeply involved with the mental health community in Toronto, facilitating photography workshops at World Pride, Workman Arts, and other organizations. His greatest joy lies in helping others discover their own talent and creativity through image-making. He has shared his lived experience with mental illness and addiction with students and health care providers through training programs, conferences, and lectures at the University of Toronto, MaRS Discovery District, and the Centre for Addiction and Mental Health, where he manages the Employment Works! Program., facilitating photography workshops at World Pride, Workman Arts, and other organizations. His greatest joy lies in helping others discover their own talent and creativity through image-making. He has shared his lived experience with mental illness and addiction with students and health care providers through training programs, conferences, and lectures at the University of Toronto, MaRS Discovery District, and the Centre for Addiction and Mental Health, where he manages the Employment Works! Program.

## Presentations, activities and discussions

[A copy of the panelists' presentation can be found here.](#)

Wade Scoffin opened the panel with a discussion of substance use in Canada. He acknowledged substance use occurs along a spectrum, in which some forms can be beneficial and non-problematic, while others produce undesired consequences. His presentation shed light on the scope of Canadian substance use, highlighting the number of opioid-related deaths across the country.

Nicole Bartlett pointed out that several of the diagnostic criteria for substance use disorders pertain to impairment of occupational engagement. Nicole's key messages were:

- Addiction is an occupation and also impacts occupation; addressing addiction is within our scope of practice and is our professional responsibility.
- Don't be afraid to ask clients about their experiences with substance use. Use a gentle, non-judgemental approach. Ask clients about the benefits they experience from substance use, not just perceived harm.
- Reach out. Know the resources in your community to which you can refer. Provide access to harm reduction resources. Connect with health networks such as Project ECHO for professional development (Centre for Addiction and Mental Health [CAMH], 2017).
- Occupational therapists can support recovery by helping individuals to "recover" meaningful activities, rather than just removing or reducing a behaviour (e.g. substance use).

Sean Patenaude presented his experience of rediscovering a sense of mastery, enjoyment, and self-efficacy through reconnecting with his photography practice. At Sean's initiative, Sean and Nicole collaboratively designed and facilitate a "My Recovery" PhotoVoice project at CAMH. This 10-week project recently wrapped up its fifth cycle, and Sean explained that retention rates are high and participants consistently request that the project run even longer. In the program, participants may discover a new passion for photography, reflect on their recovery in a new way, and develop a sense of mastery that has been lost through prolonged substance use.

Niki Kiepek emphasised that existing addiction treatment models and interventions are shown in research to be marginally effective. She encouraged occupational therapists to develop their own knowledge base about what occupation-specific interventions are being used, to find ways to share their successes with each other, and to evaluate program outcomes. She reinforced that substance use impacts all areas of practice, from return-to-work (e.g., pain management) to mental health (e.g., exacerbation of symptoms) and seating and mobility (e.g., prescribing a mobility device). Attendees were further encouraged to partner with clients in all stages of program development, from identifying priorities to designing interventions, delivering services, evaluating program outcomes, and exchanging knowledge.

## Summary of the event

Approximately 80 people at this PIF responded to five key questions:

1. *What examples of occupational therapy approaches you have engaged in or know about to effectively support clients who use substances in ways that may be or may become problematic?*  
To engage clients, occupational therapists draw on existing knowledge and resources including short- and long-term goal setting, motivational interviewing, and integrating psychoeducation and coping skill development interventions. Harm reduction principles align well with client-centred occupational therapy in recognising that small steps can be very beneficial for clients. PIF participants also recommended "behaviour experiments" in which clients are asked to consider a short-term change that may later become a sustainable change.

2. *What challenges have you encountered when providing occupational therapy services to clients who use substances in ways that may be or may become problematic, and how have you overcome these challenges?*

Societally, there is pervasive stigma towards substance use that inhibits function-based approaches, with abstinence favoured instead. There are tensions between health approaches and legal responses and mandates. Health services are viewed as fragmented, with opportunity for improved integration. Participants also viewed poor social determinants of health as a complicating factor, as well as lack of sufficient time and resources.

3. *How can occupational therapists best position themselves to effectively and supportively work with clients experiencing problematic substance use?*

Due to time constraints, this question was not fully explored. A key recommendation was increased availability of educational and professional development opportunities for occupational therapists.

4. *If you were interested in implementing a mastery-based program such as PhotoVoice into your practice, how might that look?*

One attendee described a cooking group in which food was obtained from a local food bank and a community centre offered free use of their space. Another attendee shared information about a bakery that is run as a pre-vocational skill development program. Art-based programs that take time and result in a tangible end-product were suggested, such as ceramics, woodworking, knitting, playwriting, and performing. Occupational therapists may connect with Indigenous Elders to incorporate traditional healing practices.

Patenaude encouraged occupational therapists to “be shameless” in accessing resources; he suggested that, when asked, businesses are generally quite generous and will offer the supports and resources they can (e.g., free printing of photos).

5. *How can we work together to support Canadian occupational therapists to improve their competence and confidence to effectively work with clients and address substance use in various practice settings?*

From the group discussion, a clear message was that occupational therapists need to advocate for their role in supporting client wellbeing. It was recommended that occupational therapy competencies be defined to inform skill development and to facilitate advocacy. The potential for occupation-based interventions as a non-pharmacological approach to health care (e.g., pain management, withdrawal management, mental health) can transform frontline approaches to health and healing.

Some participants left their written comments for this question. Here are their answers:

- Strong and clear position statement on the roles and opportunities for OT’s. We need to include clear directives for evidence-based approaches so that OT’s are not making decisions about their client’s treatment based on their own, personal values (i.e. abstinence is the only

way) and not the needs and values of their clients!

- Increased awareness that addiction can be a concurrent issue for every setting, question new practice network and/or increased focus via existing network, increased advocacy, role paper/position statement, increased research.
- Resource sharing, advocating at government level, addressing OT education, define competencies related to addiction.
- More training in OT education programs.
- Lead by example; bring it up in other settings where it may not be front of mind.
- Define what the competencies are, training in MI, advocacy for OTs to be on the team.

## Conclusion

Substance use is influenced by multiple and complex factors such as social and cultural contexts, physical pain and injury, mental health issues and trauma, as well as health policies and practices. Occupational therapists are encouraged to strengthen the Canadian practice knowledge base to enhance assessment and interventions pertaining to substance use. Occupational therapists and researchers can work together to build an empirical evidence base. Furthermore, there is potential to increase practice networks where Canadian occupational therapists can share current practices, programs, funding models, and evaluation strategies, improving quality of care and reducing individual experiences of professional isolation.

Patenaude reminded the PIF participants, never underestimate the significance of your role as occupational therapists:  
“You are in a key position to make a real difference in peoples’ lives!”

## Acknowledgements

CAOT would like to gratefully acknowledge the contributions of the panelists and organizers. The presenters would like to thank everyone who attended the PIF to begin this important discussion. We also thank the CAOT organisers and students who coordinated the event.

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