

Emerging Practice Fieldwork at a Residential Recovery Program

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Background

Occupational therapy (OT) has experienced a shift toward emerging practice areas, which align with a general healthcare focus on wellness and health-promotion. Emerging practice fieldwork placements are designed to promote OT in a setting where there is not an established OT role (Mattila & Dolhi, 2016), and are supportive of student development in areas such as needs assessment & program development (Tyminski, 2018). The emerging practice fieldwork model has been demonstrated to have an influence on students' personal & professional growth, including self-efficacy, critical thinking, autonomy, clinical reasoning, and time-management (Mattila, 2019; Syed & Duncan, 2019). The need for role-emerging fieldwork experiences is reflected in the ACOTE standards (ACOTE, 2018).

Value of OT in Residential Recovery:

- 25.6% of young adults 18-25 years and 16.1% of adults 26 and older met criteria for a Substance Use Disorder (SUD) (SAMHSA, 2021)
- Clients in residential recovery programs experience barriers to their recovery processes and reintegrating into communities, including obtaining stable housing & employment, establishing support networks, developing coping skills, & discharge (Manuel et al., 2017)
- OTPs assess impact of substance use on occupational performance and can provide individual and group interventions to improve physical, cognitive, and socioemotional skills (Doğu & Özkan, 2023)
- Clients often have comorbid medical issues that OTPs can uniquely assess and address (Doğu & Özkan, 2023)

Site Description:

Residential treatment programs designed for individuals who have been diagnosed with substance use disorders, with the majority of clients also experiencing chronic health conditions (i.e. – physical disabilities, HIV/AIDS, mental health concerns, and housing instability). All programs are 90 days with extensions up to 8 months. During the fieldwork, clients ranged in age from 21-70 years. No previous structure for OT role and contribution (i.e. – medical record did not include OT content; lacking OT supplies for evaluation & intervention, etc.). Occurring in a residential housing unit, space demands result in challenges for securing privacy as needed. Group theory and group process underpins service delivery in this program; OT was invited to integrate existing groups, expand to new group development, and branch into individual OT intervention.

Level II Fieldwork Design

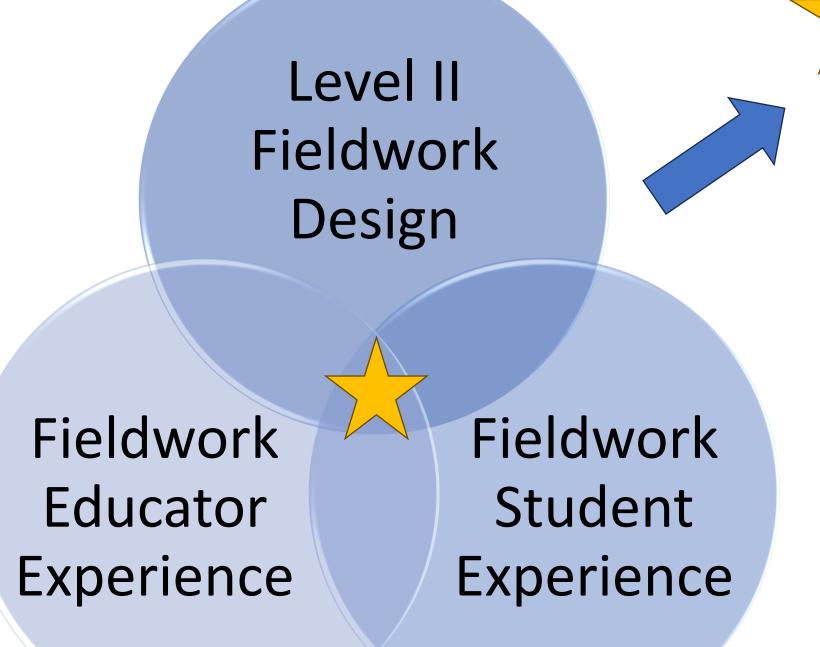
- Fieldwork educator role shared between two OTs with experience in community-based practice and mental health minimum 8-hours per week; on-site & video conference supervision model
- One educator focused primarily on support of the student's personal growth goals and to assist student to problem-solve site-related barriers
- Offered emotional support and validation of student's concerns in the development of the OT student role, reassurance, and confirmation that student was making meaningful progress given inherent challenges of the setting
- Other educator focused on facilitating the student's engagement in daily tasks of program development, client evaluation, and intervention
- Occurred on-site and supported traditional performance feedback for the student, while prioritizing development of independence and leadership skills

Fieldwork Student Experience

- OT educators present 8 hours per week supported growth in clinical reasoning
 - o Interprofessional mentoring from Deputy Director of Recovery Services and support from staff counselors
- Initially residents did not value OT as it was not a specific requirement of their program
 - o Developed rapport, provided education about what OT is, and asked residents to express if interested engaging with OT
- Group intervention focus initial structure undefined for OT, but started with focus on keeping occupation central
 - Clients preferred connection to substance use disorder; As student confidence increased, resident engagement increased
 - o Grading up/down required in-the-moment flexibility to maximize resident participation; limit-setting skills developed
- Individual resident focus with increased rapport, some residents engaged in 1:1 OT consultation
 - o Time management, communication, memory strategies, coping strategies, health management
 - More engagement noted in groups from the residents who participated in individual OT sessions

Fieldwork Educator Experience

- On-site non-OT mentor: Deputy Director of Recovery Services; Collaborated actively with two OT fieldwork educators
- Materials for fieldwork implementation supplemented by academic program (evaluation resources, etc.)
- Both educators identified this was a learning experience in student trust and open dialogue
- The experience also provided opportunity for educator growth, engagement in program development and leadership skills, and expansion of professional skills and passion areas



"When the idea of having an OT intern was first floated, I was excited and terrified in equal measure. I was excited to get some resources into one of our recovery programs, but I was terrified that I would be expected to know how occupational therapy would work in a recovery home and I had no idea. Within days of Lauren being in the program it became clear that OT services were essential to just about every aspect of a client's life. That there was no limit to what occupational therapy can offer clients. I am now a true believer and am working on a proposal for every recovery program [within the organization] to have an OT on staff." - Deputy Director of Recovery Services (October 2023)

Process & Outcomes

Student

- Orientation
- Increasing confidence
- Informal needs assessment
- Developing limit-setting skills

Residents

- Short groups
- Hesistancy to share
- Sleeping in groups
- Limit setting and re-direction needed frequently
- Attendance based on requirement

Student

- Increased rapport/trust → first 1:1 sessions
- Expanded intervention planning
- Growing understanding of the benefits and limitations of services in this setting

Residents

- Increased individual sessions with OT student
- Fluctuating participation in groups and individual sessions
- Moderate length group tolerance

Student

- 6+ groups/week
- Managed 1:1 caseload
- Facilitator/support role in groups
- Advocated for role of OT with organizational leadership

Residents

- Increased group length and participant engagement
- Residents co-leading groups
- Volunteering to share often
 Group members active in
- Group members active in determining topics
- Increased independent engagement in OT

Sample Anecdotes from Satisfaction Surveys

- Liked being challenged with new activities & having fun
- Enjoyed hearing other perspectives
- Appreciated the information provided
- "Energy didn't need to fake it, we are all people and have off days. Just be honest if you're not your best self."
- Requested more specific talk about the disease of addiction

Next Steps

- Two Doctoral Capstone Experiences currently in design phase, with implementation beginning January 2024
- Group leadership training for staff
- Medication management program
- Two Level II Fieldwork students currently in progress during Fall 2023, based on this pilot experience

References & Acknowledgements

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For references and additional information pertaining to this poster, please access the QR code:

