Supporting Medication Management at a Community Based Residential Recovery Program for Women with Co-occurring Disorders

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victory programs — OPENING DOORS TO HOPE, HEALTH AND HOUSING

INTRODUCTION

In 2022, **1 in 12 adults** reported experiencing **co-occurring substance use disorder (SUD) and any mental illness (AMI)** in the past year. Of individuals with AMI, **over one third** of individuals also reported having a SUD.[22,23]

- Medication non-adherence for individuals with mood disorders has been associated with adverse health outcomes.[9,13]
  - Suicide Risk
  - Increased hospitalization
  - Slower recovery
- For individuals with opioid use disorder medication non-adherence led to treatment dropout, continued use of illicit drugs, & increased rates of mortality.[9,13]

OT Role

Health Management: "activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations"[2]

- An **occupation** that includes:
  - **Social & Emotional Health Promotion & Maintenance**
  - **Symptom & Illness Management**
  - **Medication Management**
  - **Communication within Healthcare System**

Site

A **residential community-based recovery program** for women with **co-occurring substance use disorders and mental health conditions.** These women have cycled in and out of recovery as well as inpatient psychiatric stays and many have a history of trauma. Clients may have persistent moderate to severe mental illness including depression, anxiety, personality and mood disorders.

GAP & PROJECT AIMS

Non-Human Subjects Non-Research IRB Determination

- No current programming for medication adherence or medication management
- Clients lack knowledge about medication management
- Clients often non-adherent to medications
- Structure of medication procedures not supportive of self-management
- Clinical & direct care staff feel underequipped to address medication management & adherence with clients

Aim 1: To design, implement, & evaluate a medication management group curriculum

Aim 2: To improve client's knowledge & adherence to medication management routines

Aim 3: To improve programming for medication management to support staff & client engagement
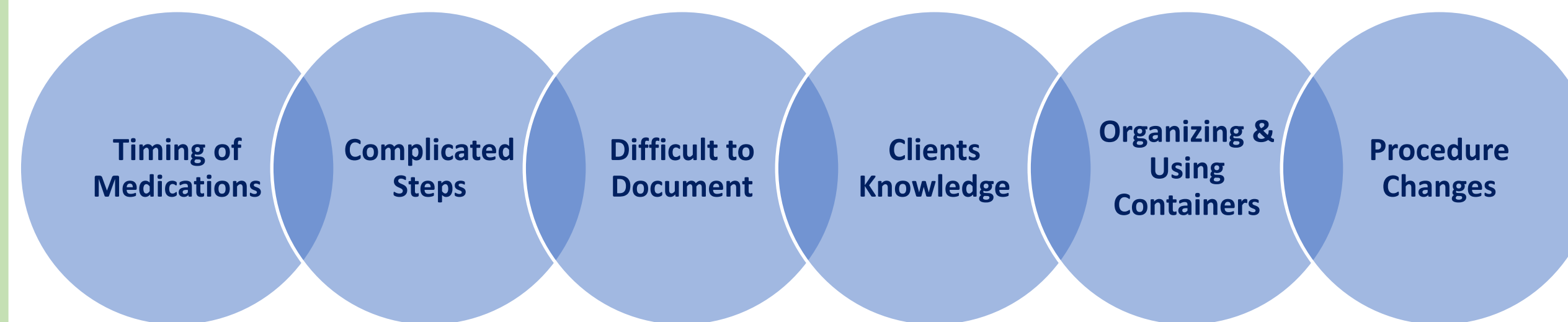
PROGRAM DEVELOPMENT

Qualtrics survey distributed to all staff via email & hard copy
- **66.7% of staff** identified clients have most difficulty with **regularly scheduled medication in their pillbox** (n=12)
- **58.3% of staff** identified **refilling a prescription** one of the **most difficult** steps **for clients** (n=12)
- **58.3% of staff** also identified **refilling a prescription** was one of the most difficult steps **to address with clients** (n=12)
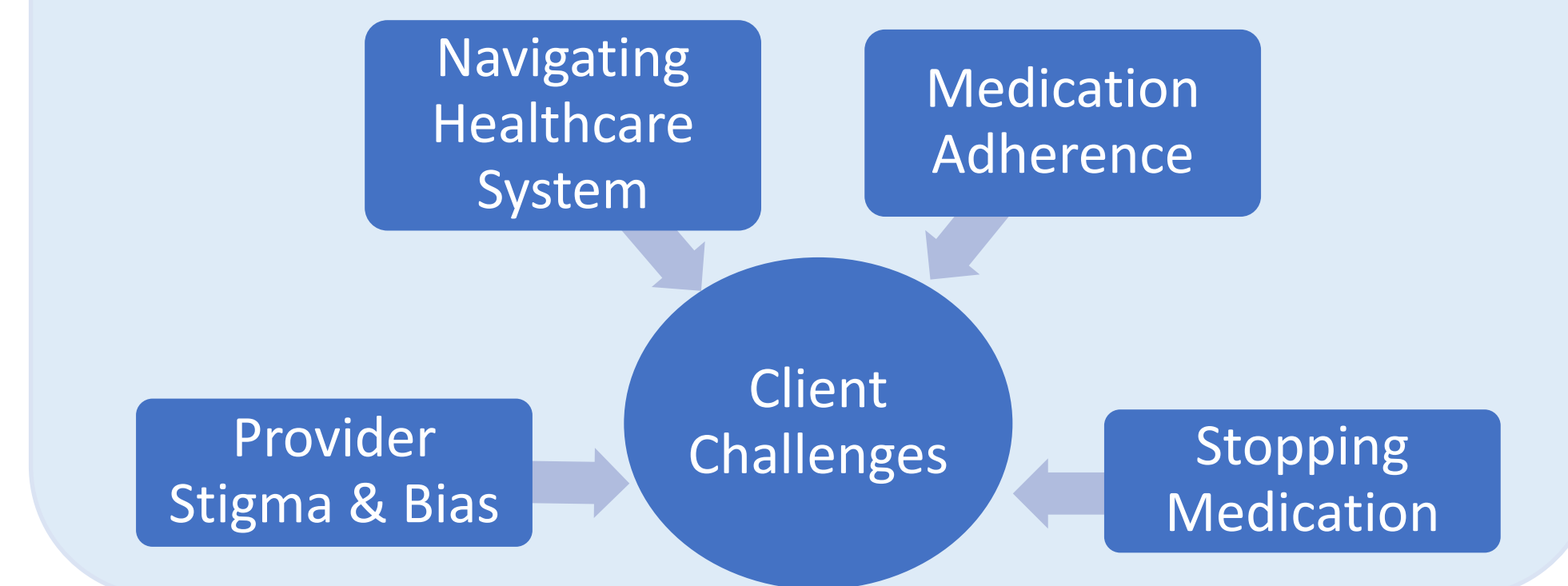
Open response survey data identified that:
- **77.8% of staff** reported **insight varies from client to client** & therefore have different levels of understanding & adherence (n=12)
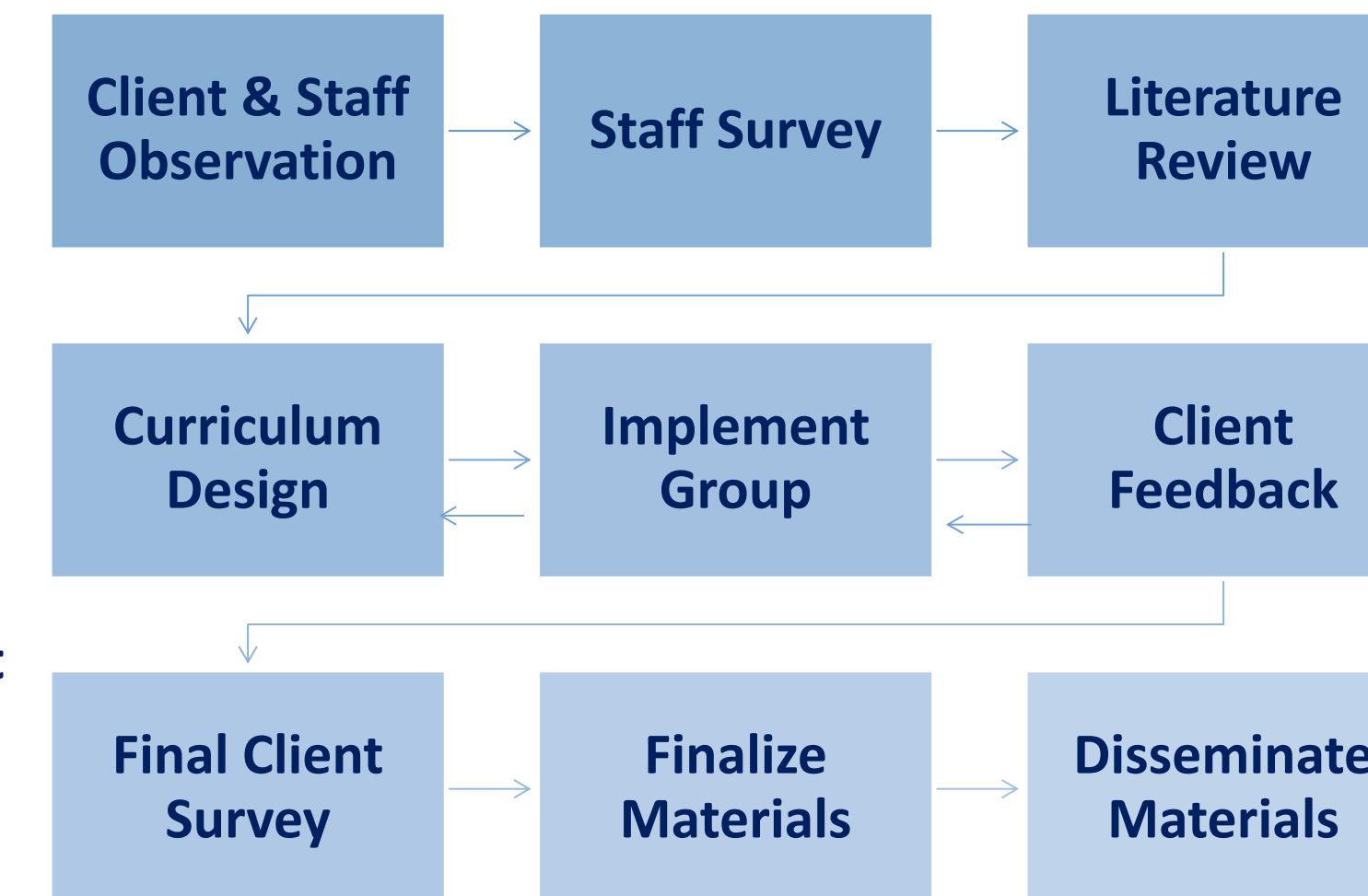
Themes from Staff Survey Qualitative Data

- Timing of Medications
- Complicated Steps
- Difficult to Document
- Clients Knowledge
- Organizing & Using Containers
- Procedure Changes

Clients identified **3 most challenging steps** in medication management process. The following **4 themes** emerged:

- Navigating Healthcare System
- Medication Adherence
- Provider Stigma & Bias
- Stopping Medication

→ **Client Challenges**

Group Development Method:

Client & Staff Observation → Staff Survey → Literature Review

Curriculum Design → Implement Group → Client Feedback

Final Client Survey → Finalize Materials → Disseminate Materials

Curriculum Overview:

- **Eight modules** designed for a 45-minute group session
- Fits into Life Skills group offerings
- Each module contains:
  - **Group Protocol**
  - **Educational Worksheet, Handout, and/or Activity**
  - **Group Discussion Questions**
  - **Exit Ticket & Homework Examples**
- **Modules can run sequentially or non-consecutively**

QR Code to Example Module:

Modules

Introduction to Medication Management	Facing Stigma & Communicating with Providers
Breaking it Down	Navigating Healthcare System
Understanding Medications	Monitoring Effects of Medication
Learning the Facts	Sustaining Medication Management

Occupation Based Application & Intervention

- **Individual Sessions with Clients**
  - Discussed current medication regime & effect on functioning
  - Provided strategies for tracking symptoms & monitoring medication effects
  - Promoted self-advocacy & communication with providers
- **Consultation with Counselors**
- **Supported Clients Filling Weekly Pillbox**

Procedural Modifications

- Adapted & streamlined documentation to match organizational policies
  - Created updated medication documentation sheets for all clients
- Created instruction sheets for staff
- Reorganized & restructured medication room

OUTCOMES

- Client & Staff Engagement in Medication Management
- Reorganization & Restructure of Medication Processes
- Participation in Staff Training on Medication Management
- Group Curriculum & Individual Interventions for Counselor Use Across all Programs
- Guide to Supporting Medication Management for Program Staff
- Improvement in Medication Management Programming

- **70%** of clients agreed or strongly agreed group improved **strategies for managing medications** (n=10)
- **60%** of clients agreed or strongly agreed group improved **knowledge of medication management** (n=10)
- **60%** of clients agreed or strongly agreed group **improved medication adherence** (n=10)

DISCUSSION

- Overall, project improved programming that supports client and staff engagement in medication management.
- Anecdotal Feedback from clients reflect enjoyment in learning and engaging in educational and group discussion opportunities on medication management.
- Staff acknowledged role and benefit of an occupational therapy approach to medication management to support client life skill learning and engagement.
- Group structure may not be the optimal learning environment for all clients to develop new skills
- **Limitations Include:**
  - Subjective self-reported client outcomes
  - Client survey response rate low
  - Variable attendance to groups
  - Non-generalizable results
- **Ideas for Future Steps:**
  - **Development of staff training on medication management**
  - **Continue to develop programming to support client self-management of medication**

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REFERENCES & CONTACT INFO

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