

# Effectiveness Of Occupational Therapy Consultation In Residential Recovery Services: Preliminary Data Analysis

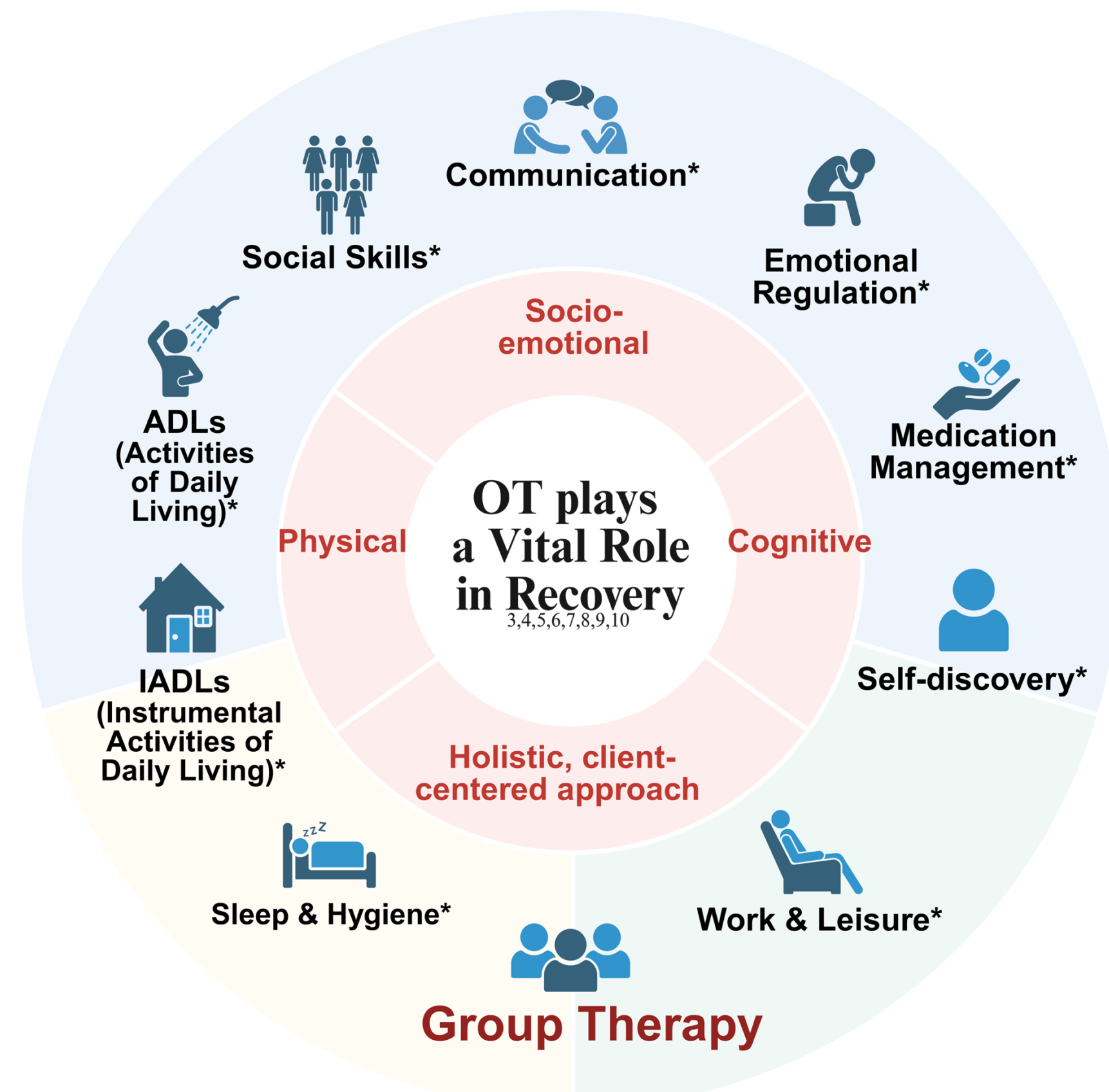
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## INTRODUCTION

In 2022, 48.7 million people in the U.S. aged 12 or older had a substance use disorder (SUD), including 29.5 million with alcohol use disorder (AUD), & 27.2 million with a drug use disorder (DUD)<sup>1</sup>

- Victory Programs, Inc. (VPI) is a non-profit organization for clients facing homelessness, addiction, & chronic health conditions.<sup>2</sup>

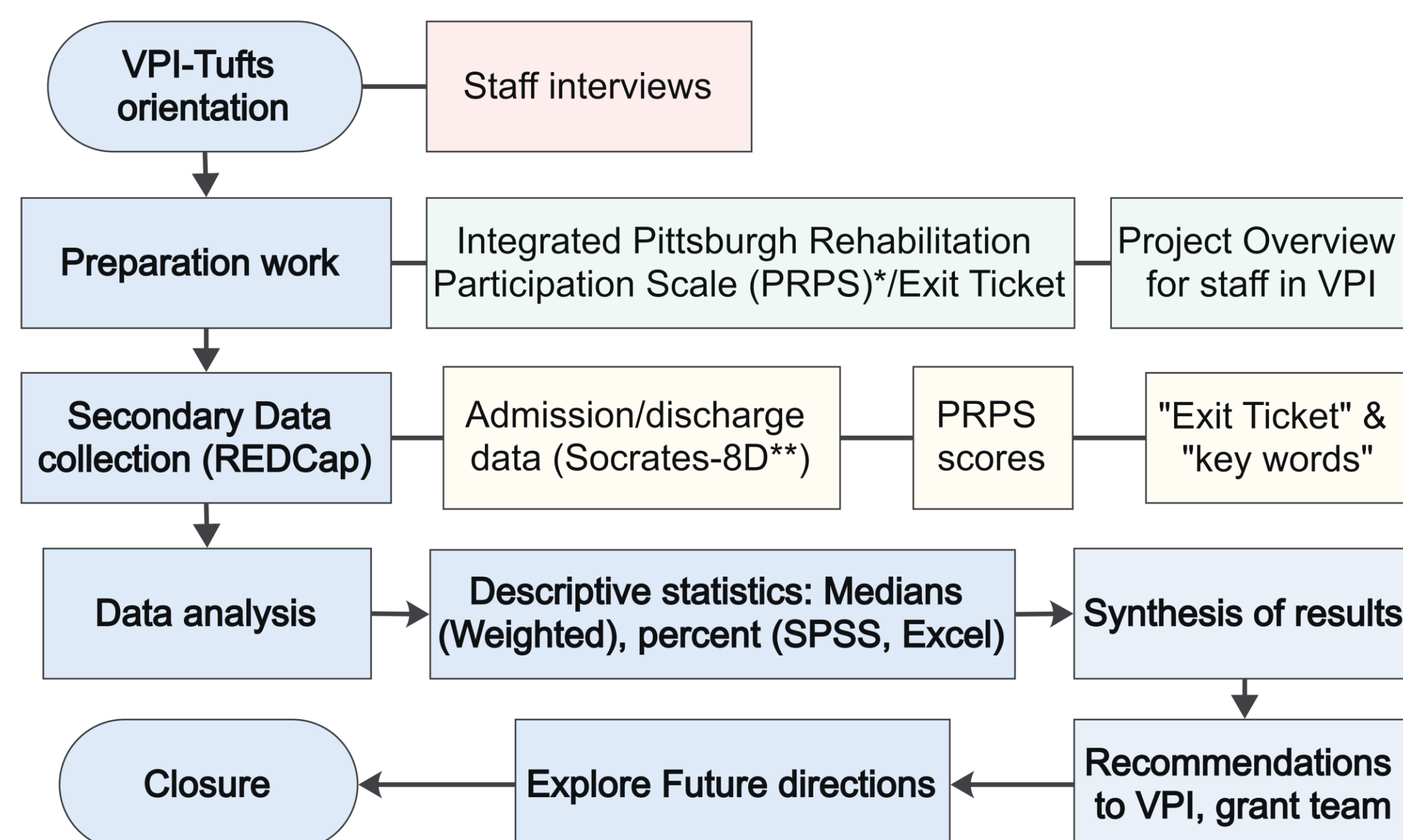


\*Common types of groups recommended for individuals with SUD.

Gap: VPI lacks OT services & understanding is needed of how OT consultation can complement & enhance existing recovery efforts

**Purpose: To evaluate feasibility of outcomes study method for assessing effect of innovative model of OT consultation to explore value of OT in support of VPI program delivery**

## METHODS



\*PRPS: clinician-rated instrument assessing patient's participation in therapy on scale of 1-6 (1:None; 2: Poor; 3: Fair; 4: Good; 5: Very Good; 6: Excellent)<sup>11</sup>

\*\*Socrates-8D: Self report assessing stage of change readiness re: substance use<sup>12</sup>

## RESULTS



**17 participants** from VPI Women's Hope program across Phases 1-3

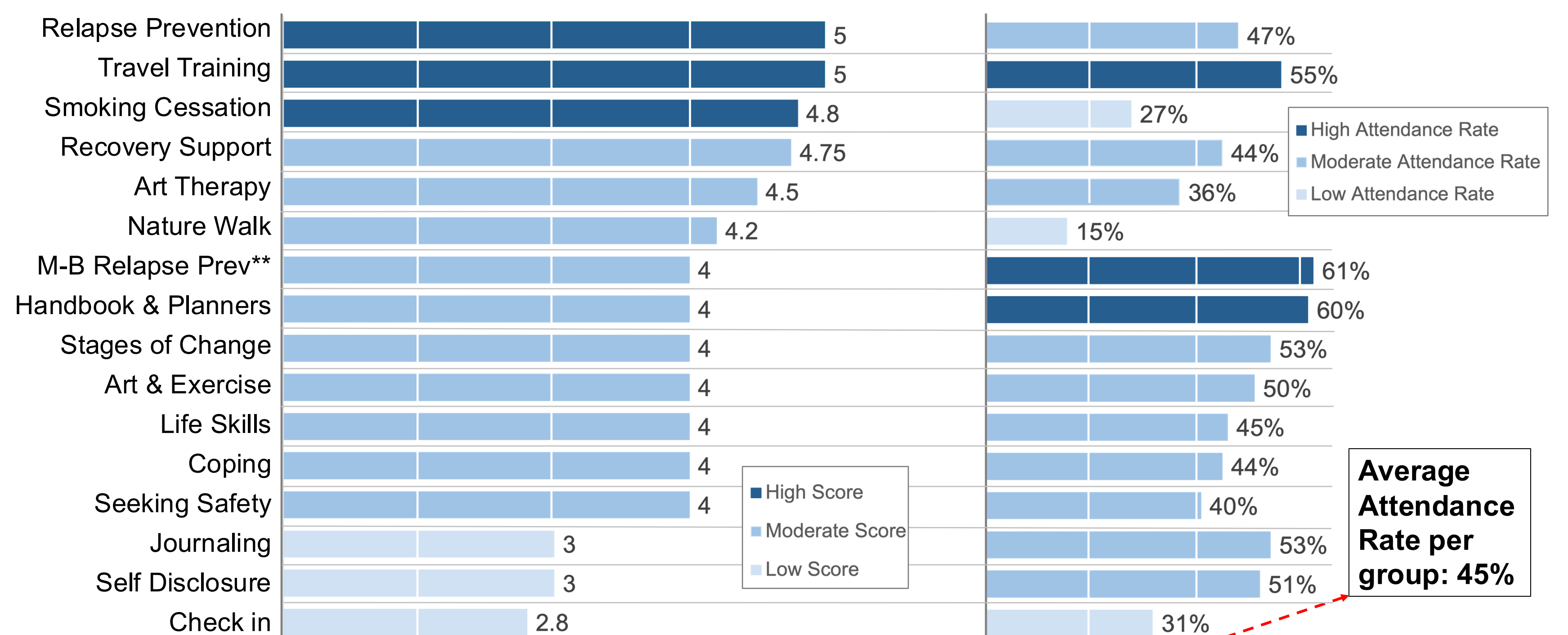


**16 group types;** 67 group opportunities



Jan 30<sup>th</sup> to Mar 23<sup>rd</sup>, 2025

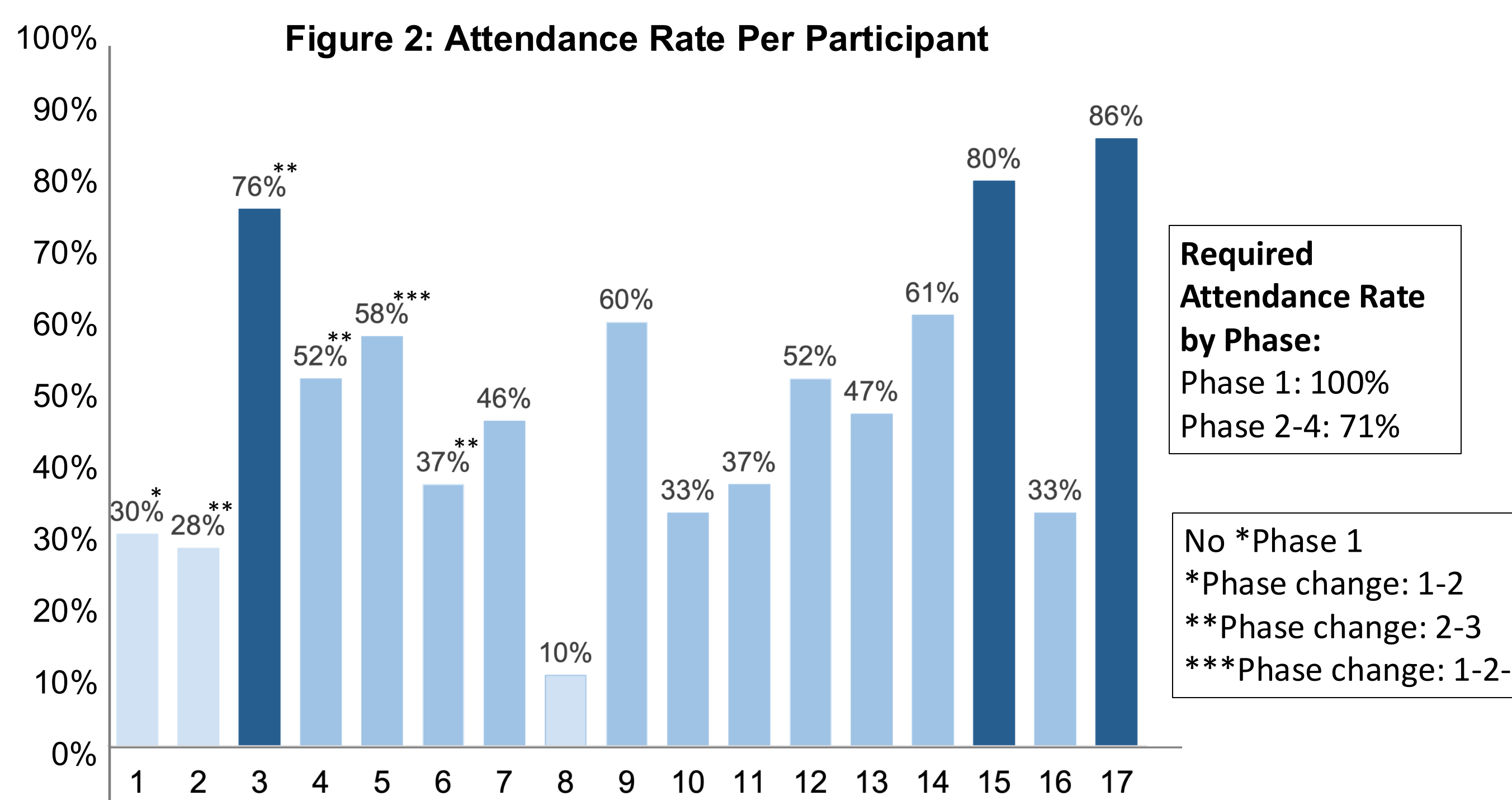
**Figure 1: PRPS Median Scores\* & Attendance Rates per Group**



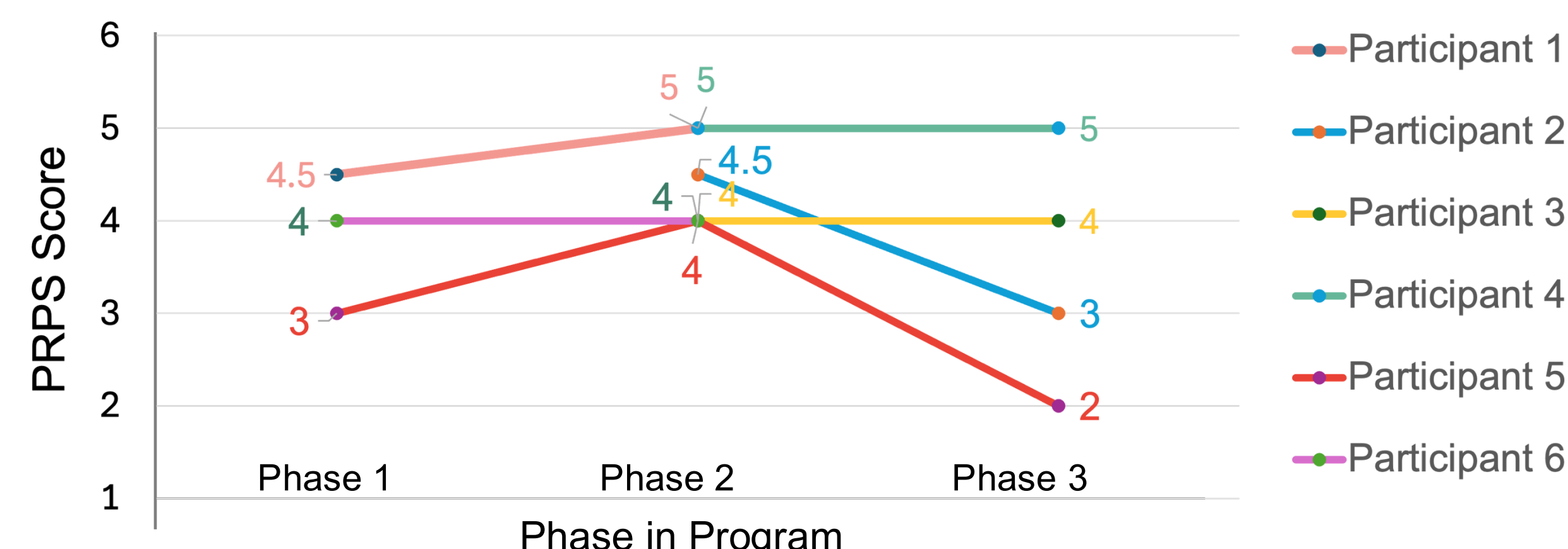
\*PRPS Scores were weighted based on numbers of attendees/group

\*\*M-B Relapse Prev" = "Mindfulness-Based Relapse Prevention".

**Figure 2: Attendance Rate Per Participant**



**Figure 3: Median PRPS Scores per Participants' whose Program Phase Changed**



## DISCUSSION

- **PRPS Scores** higher in Relapse Prevention", "Travel Training", & "Smoking Cessation" groups & lower in Journaling", "Self Disclosure", & "Check in"
- **Attendance Rate** higher in "Travel Training", "Mindfulness-Based Relapse Prevention", & "Handbook & Planners" & lower "Smoking Cessation", "Naure Walk", & "Check in"
- **Variation in attendance rate** per participant (ranged from 10% to 86%). **Attendance & Participation affected by numerous confounding variables/contextual factors:** type of group/group activity & group process, member needs/motivation per stage of change (readiness) & phase in program, time of day, other obligations (e.g., family, work) may be impacting outcomes
- **Six participants had phase changes during data collection timeframe** Phase 1 to Phase 2, PRPS scores increased for most participants while a downward or plateau trend showed from Phase 2 to Phase 3

## LIMITATIONS

- Small sample size thus far (n=17)
- Time limits (short lengths of stay & period of data collection)
- Policy change towards Phases during data collection period
- Start or end date is not the same for participants due to nature of admissions cycles

## CONCLUSION

Study shows low attendance rate per group (ave 45%) &/or per participant however, participation performance 'good' per median PRPS scores, which serves as baseline of group participation for VPI-Women's Hope

Recommendations for summer OT students:

- Collect more information [e.g., collect "Socrates-8D Scores" re: feelings about substance use every month, analyze post session "exit ticket" data of participant report & "key words" group facilitators use to describe nature of participant presentation (e.g., affect, attention, peer interactions)]
- Consider with VPI types of groups being run as literature suggests groups for SUD population include: ADLs, IADLs, Work & Leisure, Self-discovery, etc.
- Investigate contextual factors/confounding variables of groups with low PRPS Scores (e.g. time of the day/year-winter) perhaps using case study method to capture nuances that can affect participation.
- Group design could consider grading activities to meet member level of readiness & different program needs for each phase of participants

We hope future OT groups will have positive effect towards attendance rate & average participation scores of groups & participants.

## ACKNOWLEDGEMENTS

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REFERENCES