

Restoring Meaningful Occupations: A Case of Recovery from Substance Use through OT Intervention

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Abstract

Background: Substance Use Disorder (SUD) among women is a complex health crisis, with comorbidity and socio-cultural pressures usually worsening the situation, especially in low-resource countries such as Pakistan. A possible avenue of holistic rehabilitation is with the assistance of occupational therapy (OT), with its emphasis on meaningful engagement.

Methods: The case study participant is a 24-year-old female with a history of polysubstance dependence, comorbid psychosis, asthma, and severe occupational dysfunction who underwent a three-month client-focused OT intervention. The assessment and intervention were guided by the International Classification of Functioning, Disability and Health (ICF) and the Model of Human Occupation (MOHO) and were characterized by vocational training (hairstyling), relapse prevention strategies, parenting role rehabilitation, and usual management.

Results: After the intervention, the client demonstrated significant improvement in the independence of the Activities of Daily Living (ADLs), lack of cravings, and emotional regulation. The level of vocational skills was 80%. It was observed that much had improved in the re-establishment of an emotional relationship with her daughter. Treatment of the sleep-wake cycle resulted in fewer hallucinations reported and a stabilized sleep-wake cycle.

Conclusion: The case discussed shows that a multidimensional, occupation-based OT intervention can be successfully used in the treatment of patients with SUD and comorbidities. It emphasizes the importance of reinstating meaningful roles and routines in the context of recovery and reintegration of individuals with the community in the context of cultural specificity.

Keywords: Substance Use Disorder, Occupational Therapy, Psychosocial Rehabilitation, ICF Model, Vocational Training.

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Introduction

Substance Use Disorder (SUD) is a deep-seated international social health issue, manifested by compulsive habit of substance use in spite of its damaging impact and dysfunctional effects on individuals generally, yet in Pakistan especially¹, SUD has been a covert problem with the majority of the populace estimated to be affected, with limited information particularly in women with regard to SUD as a result of social stigmatization and underreporting.²⁻⁴

Clinical manifestation of SUD hardly exists in isolation; comorbid psychiatric disorders,⁵⁻⁶ including psychosis, mood, and anxiety disorders, are well-documented and create a dual diagnosis, making them more difficult to treat and prognosticate, as well as causing the development of chronic physical health issues such as asthma, which are often overlooked in regard to the addictive behaviors of the affected individuals.⁷ Occupational therapy (OT) is in a unique position to deal with this cycle. The OT interventions are based on the philosophy that occupation, which has a purpose, is an essential part of health and well-being, and thus, in the context of SUD, it shifts to a different sphere of abstinence and instead concentrates on the creation of a life that does not involve substances.⁸⁻⁹ Theoretical frameworks such as the Model of Human Occupation (MOHO) give a concept of how volition (motivation), habituation (routines), and performance capacity interact to affect occupational behavior.¹⁰ Simultaneously, the international classification of functioning, disability and health (ICF) offers a holistic bio-psycho-social perspective to recognize the facilitators and barriers at the body functions, activities, participation, and environment level. In Pakistan, whereby rehabilitation services are scarce and cultural values highly influence the reliance of women on family and care, the client-centered and holistic approach of OT is especially applicable, as the intervention needs to be culturally modified and personal recovery must be supported by encouraging societal integration (e.g., by being a mother).¹¹

In this case study, the OT intervention of a 24-year-old woman, named Amina (due to confidentiality), who has severe polysubstance dependence and several comorbidities, whose life was marked by occupational

deprivation and role failure, is described. It describes the use of the ICF and MOHO models in the process of designing and implementing a rehabilitation plan in a low-resource context. The main goals were: 1) Enhance independence of her day-to-day self-care, 2) Decrease the risk of relapse by the use of the structured behavior techniques, 3) Restore her competency and identity in the maternal role, 4) Foster vocational recovery, and 5) Measure psychosocial improvement with the help of the standardized models.

Methodology

Case Presentation

A 24-year old woman, Amina, presented to occupational therapy with a referral to a psychiatric unit. She was mostly diagnosed with severe Substance Use Disorder, which included alcohol, methamphetamine (ice), and heroin. Such comorbidities as persisting asthma and psychosis (disturbing auditory and visual hallucinations) were observed. She had a daughter of 3 years old, but she was very negligent in taking care of the daughter owing to her impairment. Psychosocially, she was alienated from her family of origin, her husband was in jail, and she had no one to support her. She lived an unorganized life without a regular routine, and this was grossly disturbed sleep, as well as her total withdrawal into what was once considered important activities that she was doing in her life.

Assessment

The occupational therapy assessment was carried out as a mixed-method over two weeks to describe the entire occupational profile of the client.

- 1. Non-Standardized Assessments:** Using unstructured clinical interviews and narrative storytelling in developing rapport and learning her personal history, values, and perceived obstacles. First-hand observation of her self-care, her communication with her daughter (supervised visits), and general behavior in the clinical setting were real-time sources of data regarding her performance ability and volition.¹²



2. Standardized Frameworks

2.1 International Classification of Functioning, Disability and Health (ICF): ¹⁰ It was applied in categorizing her health in a systematic way. Major problems that were identified were:

- **Body Function:** Impaired judgment and craving, impaired sleep functions, as well as perception (hallucinations), respiratory functions (asthma).
- **Activities & Participation:** Significant impairment in washing, dressing, taking care of household items, raising children, and informal social interactions. **Environmental Factors:** The negative family attitudes, lack of support services, and non-availability of community programs were all barriers. One of the possible facilitators was her displayed interest in hairstyling.

2.2 Model of Human Occupation (MOHO):

Volition: Low personal causation and values clarity, and hope is mainly concerned with being united with her daughter.

Habituation: Unhealthy habits, whose daily roles are unclear.

Performance Capacity: Motor skills were intact, but process skills (sequencing, problem-solving) were disrupted during craving or stress.

Intervention Design and Implementation. An occupation-based and client-oriented intervention strategy was co-created with Amina, consisting of three months of sessions, 60 minutes long, every two weeks. The intervention was aimed at four main areas:

- **Regular Management and Sleep Hygiene:** A visual daily schedule was developed so as to organize her sleep-wake cycle, meal times, medication, and leisure. Meditation and relaxation methods were initiated 30 minutes prior to sleep to curb anxiety and hallucinations, which had been disrupting sleep.¹³
- **Relapse Prevention & Coping Skills:** The cognitive-behavioral strategies were translated into occupational tasks.¹⁴ The physical distraction

was the rubber band technique (snapping a wrist band when one thinks about craving). Drawing and clay modeling as a creative art were applied as an alternative form of emotional expression and stress management instead of substance use as a coping strategy.

- **Parenting Role Restoration:** Role-playing was utilized in practicing child-care tasks. Journaling exercises and reflective listening helped her to come out of the feelings of guilt and also list her advantages as a mother. Play activities with her daughter were assisted and graded under such controlled conditions to restore their emotional connection in a safe environment.
- **Vocational Training and Acquiring Skills:** It was based on her interest, and vocational training in basic hairstyling (trimming, braiding, dyeing on mannequins) was started. It had numerous purposes: the ability to improve process skills, the restoration of a worker identity, the increase of self-efficacy, and the establishment of a real way to future economic involvement.¹⁵

Outcome Measures

The improvement was monitored by:

- Goal Attainment Scaling (GAS) of personalized goals (e.g., initiate self-care without prompting).
- Repeated observation with the help of the ICF and MOHO frames to record the alterations in the participation of activities and volitional statements.
- Client self-report on frequency of cravings (0-10 scale) and quality of sleep.
- Vocational competency assessments (accuracy and independence).

Results

After three months of intervention, Amina showed the presence of clinically significant changes in all desired areas, which indicated a change from contemplation to the active preparation stage of change (Figure 1).

Activities of Daily Living (ADLs) Improvement: Amina developed a need strong verbal and physical encouragement to do the basic self-care (washing, dressing) to do so with minimal reminders. She followed the visual schedule at 85 percent, which means that she had a regular sleep time (7-8 hours). She complained that the intensity and frequency of nocturnal hallucinations had dropped by 60 percent, and she explained that her sleep hygiene and reduced anxiety had led to this effect.

Less Relapse Probability and Strengthened Coping: The intensity of craving as it was reported on a 10-point scale, dropped by the average score (8/10) prior to an intervention to 3/10. She was able to lever the rubber band technique successfully and would resort to simple sketching by herself when she felt stressed. In-session observation showed that emotional regulation was improved as fewer emotional withdrawal or frustration episodes were observed when performing difficult tasks.

Re-establishing the Maternal Role: The relationship with her daughter was the most significant change in Amina's life of Amina. Facilitated activities helped her to learn to play with children. It was observed that there was more eye contact, loving touches, and verbal communication. She started writing about good times with her daughter, which became an indication of a change in her identity, when she was an unfeeling user, but now a mother reclaiming.

Vocational Skills Areas: Amina was very active and skillful in hair-dressing classes. In the last month, she would be able to perform a simple hair trim and single color dye application to a mannequins with 80% accuracy and proper sequencing of the steps. She was proud of such an ability and started talking about the opportunity to work at a local salon.

Psychosocial Gains (ICF/MOHO): ICF Level: It was observed that there were improvements in d230 performing daily routine, d550 eating, d660 helping others, and d850 remunerative employment potential. The impediments to the environment were still there, but were alleviated by the development of new coping abilities.

MOHO Level: Her volition had shown significant improvement, as she had more self-efficacy statements (I can do this). Habituation was created using new, healthier habits. There was more consistency in her performance capacity in process skills.

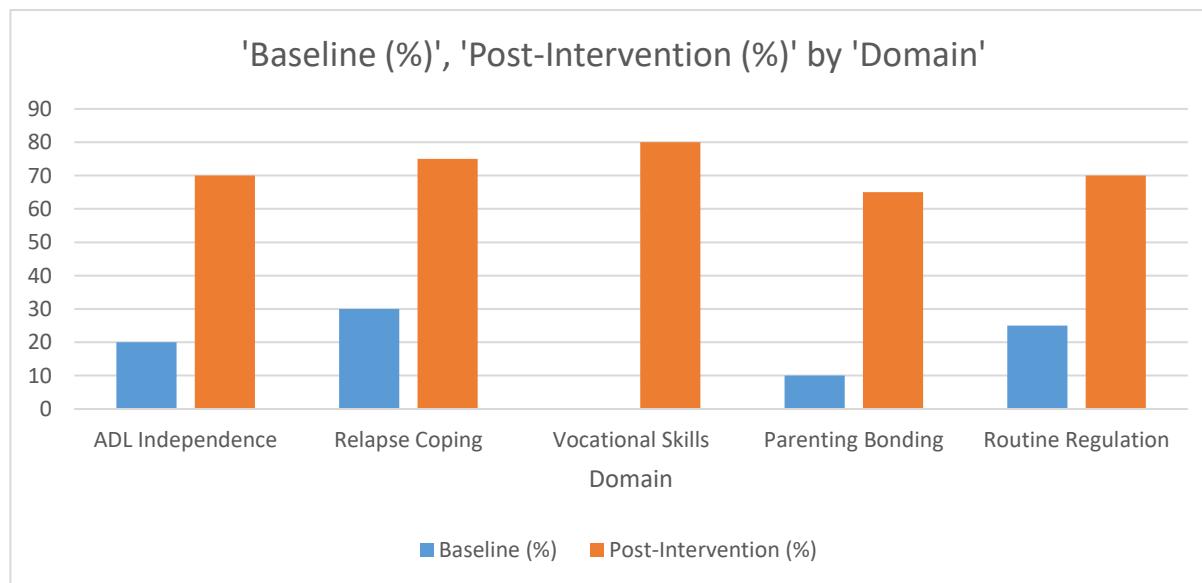


Fig.1 Change in Domains Scores Post-Intervention

Discussion

The current case study is a strong argument for the effectiveness of a structured occupation-based OT intervention on a complex SUD and comorbid woman in Pakistan. The results are consistent with the modern literature stating that recovery is not only about abstinence but a development of a full substance-free life by being involved in meaningful roles and routines.¹⁶ This intervention is successful, and this can be attributed to its multidimensional approach.

Firstly, the organization of everyday life directly responded to the disruption of the circadian rhythm, which is a proven contributor to substance craving and psychotic symptom aggravation.¹³ the resulting improvement of the sleeping process and the decrease in hallucinations became a more stable basis of all other therapeutic efforts, which confirms the interconnectedness of occupational patterns and mental health.

Secondly, the vocational training factor had an agenda much greater than the acquisition of skills. It served as a means of reconstruction of a positive sense, higher self-esteem, a sense of hope and future direction, and an otherwise fledgling capacity of vocation may become empowering and diminish economic susceptibility, one major relapse trigger.¹⁵

Above all, the direct emphasis on the restoration of the parenting role was a culture and therapeutic critical point. Roles like mother are the main ones in the self-concept of many women, and the degradation of this role because of SUD results in intense feelings of shame and lack of meaning. OT treatments which help the gradual re-engagement of activities of caregiving can thus be effectively restorative, which is consistent with the objectives of personal recovery as well as with strongly held cultural ideals.¹⁶ This is according to the MOHO principle that role competence is an essential part of identity and well-being.^{9,17}

The ICF and MOHO models were useful in offering a solid assessment and intervention framework that looked at the environmental and personal barriers to health (e.g.,

lack of support) in settings such as Pakistan, where the environment and societal influences were paramount.¹⁸⁻²⁰

Limitations and Future Directions

The small size of the current study (the case study design) and the three-month follow-up (relatively short) are the weaknesses of this study. The sustainability of such gains in the long-term in the presence of the current environmental challenges is not known. The next step in this direction should include more longitudinal follow-up, quantitative outcome measures (e.g., Assessment of Motor and Process Skills), and developing community-based group OT programs that can aid in the maintenance of the roles and social connectedness post-discharge in low- and middle-income countries is badly needed.

Conclusion

This case demonstrates that occupational therapy, with its client-centered, occupation-based, and role-focused approach, is an essential part of a comprehensive rehabilitation of Substance Use Disorder. OT promotes meaningful recovery by helping victims to cope with the disturbances in everyday life, self-care, parenting, and productivity, which is more than managing the symptoms to full participation in life. In the Pakistani scenario, where women's identity is largely dependent on the role in the family, OT interventions aimed at restoring these roles but doing this respectfully and skillfully are not only therapeutic but are key to the long term reintegration of women back into society. The present case suggests the increased involvement of occupational therapy in the multidisciplinary teams of treatment of addiction in the developing healthcare surroundings.

Author Contributions

Iqra Nadeem: Study conception and design, data collection, data analysis, and manuscript preparation.

Samina Hussain: Literature review, data interpretation, and critical revision of the manuscript.

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None.

Conflict of Interest

The author declare no conflicts of interest in relation to this research study.

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