Overcoming obstacles to recovery: The role of occupational therapy in co-occurring substance use disorders and eating disorders

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Opening Mindfulness Activity
Eating Disorder Diagnoses

• Anorexia Nervosa
  – DSM-V criteria: “restriction of energy intake relative to requirement”, “intense fear of gaining weight or becoming fat”, “disturbance in the way in which one’s body weight or shape is experienced” (Sheppard Pratt Health System, 2015)
  – Restricting or binge/purge subtypes

• Bulimia Nervosa
  – DSM-V criteria: “recurrent episodes of binge eating”, “recurrent inappropriate compensatory behaviors”, “self-evaluation is unduly influenced by body shape and weight” (Sheppard Pratt Health System, 2015)

• Other specified feeding and eating disorder (OSFED)
  – This diagnosis is used for individuals that do not fit the strict diagnostic criteria for other described diagnoses (Sheppard Pratt Health System, 2015)
### Eating Disorder Diagnoses cont.

- **Binge-eating disorder (BED)**
  - DSM-5: “recurrent episodes of binge eating”, “marked distress regarding binge eating”, “binge eating occurs, on average, at least 1x/week for 3 months”, “binge eating is not associated with the regular use of inappropriate compensatory behavior” (Sheppard Pratt Health System, 2015)

- **Avoidant or restrictive food intake disorder (ARFID)**
  - DSM-5: “an eating or feeding disturbance (e.g. apparent lack of interest in or eating food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs”; “no evidence of a disturbance in the way in which one’s body weight or shape is experienced” (Sheppard Pratt Health System, 2015)
Eating Disorder Diagnoses cont.

- Individuals whose eating disorders include symptoms of binge-eating and purging are more likely to engage in substance abuse compared with individuals who primarily engage in restrictive eating. (Ressler, 2008)
Eating Disorder and Substance Use Disorder: Co-occurring diagnosis

- According to the National Eating Disorder Association (NEDA), 20 million women and 10 million men will have an eating disorder at some point in their life.  
  (NEDA, 2016)
- Up to 50% of individuals with eating disorders abuse alcohol or illicit drugs compared with 9% of the general population.  
  (National Center on Addition and Substance Abuse [CASA] at Columbia University, 2003)
- 35% of individuals that use alcohol or illicit drugs have an eating disorder, compared with 3% of the general population.  
  (CASA at Columbia University, 2003)
Predicting Factors for Co-occurring Diagnosis

• **Personal risk factors** *(CASA, 2003)*
  – Brain chemistry
  – Family history
  – Low self esteem
  – Abuse history
  – Mental health diagnoses
  – Family dynamics

• **Social risk factors** *(CASA, 2003)*
  – Peers and social environment

• **Societal and cultural risk factors** *(CASA, 2003)*
  – Marketing, entertainment industry, media
What is Occupational Therapy (OT)?

- What is your experience with OT?
- What is OT?
  - “The therapeutic use of occupations including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in the roles in home, school, workplace, and other settings” (American Occupational Therapy Association, 2017).
“Occupational therapists help all people participate in the things that they want and need to do through the therapeutic use of everyday activities or ‘occupations.’”

American Occupational Therapy Association
History of Occupational Therapy

- **1892**- Dr. Adolph Meyer, observed that proper use of time in a help and gratifying activity was a fundamental issue in the treatment of neuropsychology patients. (Creek & Lougher, 2008).

- **1917**- Founding meeting for National Society for the Promotion of Occupational Therapy (American Occupational Therapy Association(AOTA), 2017).

- **1918**- First practitioners in OT profession, called reconstructive aides, worked during World War I to rehabilitate disabled soldiers and civilian patients (AOTA, 2017).

- **1963**- Community Mental Health Act led to interventions in the community as well as facilities and institutions (AOTA, 2017).
Reconstructive Aids

- Credited with exemplifying the value of activity as therapy (Low, 1992).

- Activities used with soldiers included:
  - Basketry
  - Weaving (rugs, mats)
  - Simple wood carving
  - Block-printing
  - Knitting
  - Needlework (Low, 1992)
OT Objectives

• Overcome barriers to occupational performance
  • Manage life stressors in an effective way
  • Develop skills to support independence
  • Separate eating disorder (ED) & substance use disorder (SUD) from identity
• Improve self-worth
• Improve functioning in all life roles
• Develop a life worth living free of the ED and substances
OT’s Role in Substance Use Disorder Treatment

Group Topics
- Self-care
- Time management
- Meal preparation
- Crisis Planning
- Leisure & Social Activities
Groups

1. Skill Acquisition
2. Skill Generalization
Therapeutic Activity

• In the time allotted, use the supplies in your bag to create the pictured image.

• Moment to reflect:
  – What skills did you need to work through this activity?
  – What was challenging about it?
  – If you were to do it again, what would you do differently?
Therapeutic Activity

• Why crafts??  
  – Cognitive skill development: problem solving, sequencing, time management  
  – Exploration of hobbies and interests  
  – Sense of accomplishment  
  – Frustration tolerance  
  – Challenging perfectionism
Individual Intervention

• OT Evaluation
  - Aims to evaluate the whole person, examine how their eating disorder and substance use disorder are impacting daily functioning
  - Based on the Occupational Therapy practice framework
  - Identify individualized goals, allow for patient input to remain client-centered
  - Frequency of services determined
“Turn to your neighbor and ask them: what is your favorite hobby or leisure activity?”
Individual Sessions: Intervention Topics

- Body Image
- Cooking, meal planning and preparation
- Employment & Return to work
- Leisure
- Home maintenance
- Using supports
- Return to school
- Budgeting
- Cognition
- Time management & Routine
- Life roles
- Coping skills
- Socialization
- Sensory tools
- Hygiene
Individual OT intervention

• School & work functioning

• Social functioning and leisure engagement
  – Building community and identity outside ED and SUD
  – Skill generalization to manage ED and SUD in social situations that involve food or alcohol

• Self care and independent living skills
  – Time management, meal planning and preparation, household management, ADL’s, budgeting/money management, transportation barriers, medication management, etc.

• Cognitive functioning
  – Address impairments secondary to SUD or low BMI
What is Sensory Processing?

• 2 primary factors:
  
  • **Neurological Thresholds** - the way the nervous systems responds to sensory input (Dunn, 2008).
    • Low
    • High
  
  • **Self Regulation Strategies** - the way people manage input that is available to them (Dunn, 2008).
    • Passive
    • Active
4 Basic Patterns of Sensory Processing

- **High Threshold**
  - Low Registration
  - Sensory Avoiding
- **Low Threshold**
  - Sensory Seeking
  - Sensory Sensitivity

- **Passive**
- **Active**
Use of sensory strategies and tools

- Tranquility Room
- Fidget Baskets
- Sensory intervention in OT sessions
- Group
Tranquility Room

- A safe, structured space to practice using self-regulation techniques
Sensory tools in the Tranquility Room
Fidget Baskets
Sensory Processing and SUD

• A person’s psychological and behavioral strategies used to deal with processing sensory information have a significant impact on their adaptive performance and participation in daily life activities (Miller et al., 2007).

• Recent research suggests that individuals with substance use disorder showed a greater tendency of sensory sensitivity and sensory avoiding patterns (Engel-Yeger, 2014).
Body Image

- What does this concept mean to you? What factors have influenced your own body image?
Body Image

“Body image is how you see yourself. It is a compilation of the thoughts, feelings and beliefs you hold about your body. Contrary to popular belief, body image is not defined by, nor is it or dependent upon, a person’s specific size, shape or weight. The way we see and experience the form and shape of our bodies reflects the positive and negative experiences we’ve had with our bodies as children and adults, as well as our social attitudes and cultural ideals.” —Center for Eating Disorders, 2017
Body Image & SUD

• Certain substances may contribute to weight loss
• Substance use to cope with psychological distress, including body image distress
• When considering body image avoidance, individuals may turn to mood-altering substances so that they feel able to participate in social/leisure activities in spite of body image distress
OT Intervention for Body Image

• Address healthy coping skills to tolerate body image distress and decrease avoidance behaviors
• Explore home environment and daily routines
• Strategies for decreasing body focused behaviors
• Challenging cognitive distortions/negative self-talk
• Clothing: out with the old, in with the new


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