

# Coalition for Safe and Effective Pain Management

## Occupational Therapy to Support Relapse Prevention

### Treatment or Modality (approximately 400 to 500 words)

*Description of treatment or modality offered by your profession or as a multidisciplinary effort that is a potential alternative to opioids.*

Occupational therapists support clients to engage in activities that lead to health that serve as a distraction from cravings, alleviate boredom, and provide a sense of meaning and well-being. These are all factors that contribute to relapse prevention of opioid use for pain management. Aftercare plans for occupational therapy include securing housing, supporting access to transportation, obtaining employment, and completing education. The inability to fill time with activities that have meaning is a strong trigger towards relapsing to substance use (Helbig & McKay, 2003).

*Describe how this alternative is or can be used in Canada to reduce prevalence of opioid prescribing.*

Ideally, involving occupational therapists early in the pain management treatment process can **prevent** reliance on opioids and/or development of opioid dependence. Adequate access to occupational therapy services, at hospitals, workplaces, pain clinics, Veterans' programs, and in the community at *acute stages* of injury can prevent the development to chronic pain. For conditions that progress to **chronic pain**, occupational therapists can provide remediation or rehabilitative interventions to reduce the intensity of the pain, recommend ways to adapt the activity to reduce the physical and emotional demands, and recommend assistive devices and/or ergonomic modifications to reduce the exacerbation or worsening of pain.

For individuals who develop **dependence**, occupational therapists may incorporate assessment of well-being, participation, inclusion, and engagement. Clients who are dependent on opioids may become socially isolated from others, which may be partially in relation to the sedating effects of the medication, the stigma associated with use, and the stigma associated with pain. There may be a subset of individuals who may demonstrate **drug-seeking** behaviours. For this population, research suggests individuals may allocate increased time toward obtaining opioids (Chang, 2008; Helbig & McKay, 2003). Activities involved with obtaining and using the substance can become a part of a daily routine and provide a sense of control over one's environment (Heuchemer & Josephsson, 2006), including control over pain. Social networks may also revolve around people with shared experiences. A distinct role for occupational therapy is to identify the desirable aspects of substance use, and support clients to achieve those same effects through re-organizing their daily routines to incorporate activities that do not involve opioid use (Kiepek, 2016; Chang 2008).

Paid employment is a common goal among people who experience chronic pain and for those who wish to reduce substance use (Paquette, 2008; Richardson, Wood, Montaner, & Kerr, 2012). Employment is found to be an effective strategy to prevent relapse (Scorzelli, 2007). As described by Darko-Mensah (2011), occupational therapists can assist clients to complete an interest inventory, identify work-related

goals, create an action plan related to the identified goals, and link clients to community resources as needed. Occupational therapists can further support clients' involvement in the work force by completing job site visits and assisting with advocating for any required modifications or accommodations to help the client maintain employment.

***Describe how this treatment or modality is commonly accessed or delivered.***

Occupational therapists are employed in inpatient, pain management, mental health and addiction, community, workplace, return-to-work clinic, long-term care facilities forensics, and outpatient settings. Occupational therapists have the unique ability to work with individuals in a variety of settings including in their homes, local community and workplace. Outside pain management clinics, pain is one area of a broader scope of practice for occupational therapist. Provincial and private return-to-work programs are an existing area where pain management would be provided for clients who might be using opioids.

**Short Summary of Evidence (approximately 250 words)**

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Research evidence has identified the importance of assisting opioid users to re-organizing their daily lives and routines to incorporate activities that do not involve opioid use (Kiepek, 2016; Chang, 2008). Unemployment or inability to fill time with activities that have meaning are associated with higher risk of relapse (Helbig & McKay, 2003; Scorzelli, 2007). Occupational therapists work to support clients with chronic pain who wish to reduce substance use to engage in a variety of activities, including paid employment (Darko-Mensah, 2011), securing housing, accessing transportation, and completing education. These interventions can alleviate cravings, and provide clients with a sense of meaning and well-being. Occupational therapists recognize the need to support clients to manage pain and to minimize the risks associated with opioid dependence (Kiepek, 2016).

**Resources (References Cited)**

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