OBJECTIVE. The authors conducted a systematic review of theoretical models, professional practice, and research findings to understand occupational therapy’s role in the treatment of addiction.

METHOD. PubMed, Academic Search Premier, CINAHL, ERIC, OTseeker, and Google Scholar were searched to identify scientific journal articles, book chapters, or any other similar literature published from 1970 through July 2015 that addressed theoretical approaches, intervention models, and professional roles or were qualitative or quantitative studies in which occupational therapy had a central role.

RESULTS. The literature search yielded 16 theoretical and professional role studies, 8 qualitative studies, and 14 quantitative studies. All studies had low levels of evidence, and all were case series, sometimes with very small samples.

CONCLUSION. Although occupational therapy has been involved in the treatment of people with substance addiction and, more recently, with behavioral addictions for more than half a century, the research that has been published is poor.


Addiction is a complex and multidetermined behavioral phenomenon that involves genetic, epigenetic, developmental, educational, psychological, environmental, and cultural elements. It is characterized by the establishment of habits or repetitive behaviors that bypass behavior oversight mechanisms because of their short-term pleasant effects, despite negative consequences (Volkow & Baler, 2014). Addiction is explained as the establishment of habits involving brain circuits (Newlin & Strubler, 2007). The disease model of addiction has been strongly criticized, and its principles have been discredited in favor of environmental elements. Addictive behavior is understood, more or less accurately, as a means of facing life’s difficulties that reflects a condition of the person in relation to a particular environment. People can recover from an addictive disorder by learning to more properly manage their difficulties, and their environment can be modified to promote the full integration of the individual into that environment (Hall, Carter, & Forlini, 2015; Levy, 2013; Satel & Lilienfeld, 2014).
The combination of knowledge, techniques, and concepts of the importance of human occupation and its relation to health leads us to conclude that there is currently, beyond the therapeutic aspects, an occupational science—that is, a joining of knowledge and research—that allows professionals to think and express themselves in occupational terms, regardless of occupational therapy concept (Yerxa, 1990). The core goal of occupational science is the consideration of the person as an occupational being; it is the systematic study of humans as occupational beings, including their need and ability to adapt and get involved and to structure their occupations to shape their lives. Therefore, the objectives of occupational science are to generate a systematic basis for describing and understanding people’s participation in occupations and to provide basic knowledge to support occupational therapy practice (Wilcock, 2001).

One area of interest of this new occupational science is the study of habits as learned and automated elements of human occupation that make sense in a given ecoculturally specific context, merging in a dialectical relationship and related to personal significance, identity, competence, satisfaction, and self-expression. Occupational science investigates and summarizes the interdisciplinary knowledge about habits, including the identification of the environmental conditions that improve occupation and environmental potential; the contribution of habits to health or to its deterioration; the identification of strengths, abilities, and personal interests; and people’s recovery when they experience a decline and reconstruct themselves by changing their habits (Yerxa, 2002).

Addiction is a personal problem and a public health problem. It affects a person’s occupational history and the people who live in his or her environment, and it changes the person’s role and affects performance of activities of daily living (ADLs). Therefore, addiction can be studied by using an occupational approach. Some authors have even suggested that addiction is an occupation in itself and should be studied as such (Sackman, Sackman, & DeAngelis, 1978). For many years, there have been attempts to study the contributions of occupational therapy to the treatment of addiction and its effects (Hossack, 1952; Welsh, 1959), but occupational therapy still plays a secondary role to more prominent disciplines; in many instances, it is relegated to the role of entertainer—to keeping people with addiction busy rather than using occupation as the means and aim of the intervention according to scientific principles (Rojo-Mota, 2008). Nevertheless, the scientific basis for occupational therapy must come from theoretical proposals, the definition of professional roles, and scientific research.

The aim of the current study was to conduct a systematic review of the aspects linking theoretical models, professional practice, and research findings to the understanding of addiction and treatment provided by occupational therapy. The review aims to answer three basic questions:
1. Does occupational therapy have its own theoretical and conceptual framework to explain addictive phenomena?
2. Does it have intervention protocols focused on achieving strictly occupational objectives?
3. Does it provide data on the implementation of its techniques in treating people with addiction?

Method

Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009), searches were performed in the following main international databases:
- PubMed, with the MeSH terms “occupational therapy” AND “addiction,” “substance addiction,” “substance-related disorders,” “substance abuse,” “drug dependence,” “drug abuse,” “alcoholism,” and “alcohol abuse”
- Academic Search Premier, CINAHL, and ERIC, with the terms “occupational therapy” AND “addiction,” “drug dependence,” “alcoholism,” and “addictive behaviors”
- OTseeker, with the descriptors “[Any Field] like ‘occupational therapy’ AND [Any Field] like ‘substance abuse’ OR [Any Field] like ‘addiction.’”

A supplementary search was also performed in Google Scholar (allintitle: “addictive” “occupational”; allintitle: “addiction” “occupational”; allintitle: “substance abuse” “occupational therapy”).

The search was limited to 1970–July 2015. The time range (45 yr) for inclusion was extensive so as to provide a broad perspective. The inclusion criteria for article selection needed to be wide to provide an overview of the relationship between occupational therapy and the understanding of addiction: articles from scientific journals, book chapters, or any other similar report written in English. Publications that provide conceptual issues, professional roles, or results of qualitative or quantitative research (in which occupational therapy occupies a central place in the understanding of and therapeutic approach to addictive behaviors) were included. The records selected addressed theoretical approaches, intervention models, and professional roles or were qualitative or quantitative studies in which occupational therapy had a central role. We used Critical Appraisal Skills Programme UK (2017) criteria for article selection. To determine the
level of evidence, we used Centre for Evidence-Based Medicine (2009) criteria.

Results

Figure 1 shows the details of the article search and selection. We retrieved 16 theoretical studies and professional role studies, 8 qualitative studies, and 14 quantitative studies. Most of the 237 discarded articles had an element related to occupational therapy, but either this discipline was not central to the article or the study's theoretical or empirical objectives did not correspond to occupational therapy's concepts and methods. Tables 1, 2, and 3 describe the articles selected for the theoretical proposal and professional role studies, qualitative studies, and quantitative studies.

Discussion

Our first conclusion is that occupational therapy’s contribution to the understanding and treatment of addictive behaviors is poor. Earlier studies have indicated that occupational therapy services in psychiatric settings have two main objectives: therapeutic and diagnostic. In both cases, these concepts refer to the psychiatric intervention, not to occupational activity itself (Welsh, 1959). In addition, Welsh (1959) referred to an attempted clinical alcoholism treatment trial in the scope of occupational therapy. However, Welsh referred not to a specific protocol but to a project from which he drew on material scattered throughout the source cited (Hossack, 1952). There is no evidence that this project was ever carried out. In any case, these references support the existence of occupational therapy services in treating people with addiction since the middle of the 20th century.

Therefore, as in other clinical settings, occupational therapy has separated from the preeminent disciplines and developed its own framework, which is used in the treatment of addiction. The articles published in the 1980s refer, in the vast majority of cases, to roles framed by psychiatric services, with occupational therapy as a secondary and complementary activity. The paradigm of alcoholism as a mental illness and the understanding of alcoholism from a psychoanalytic perspective are predominant in the field of psychiatry, in which occupational therapy has provided complementary actions, such as training in handling money (Kunz, 1988). Articles that tackle alcohol addiction from a biopsychosocial perspective and apply occupational therapy concepts appeared only at the end of the 1980s (Van Deusen, 1989). The first attempt to provide a theoretical framework of addiction from a strictly occupational perspective appeared in 2003 (Helbig & McKay, 2003).

Authors such as Helbig and McKay (2003) considered addiction a complex activity that alters the person’s occupational sphere. Other authors have studied addiction as an occupation itself, to the extent that it can give meaning to life; act as an important determinant of health, well-being, and justice; organize behavior; develop and change over a lifetime; shape and be shaped by environments; and have therapeutic potential (Haltiwanger, Lazzarini, & Nazeran, 2007). In both theoretical approaches, addiction is, in essence, an occupation that is strongly influenced by environmental elements, exceeding biological or psychological approaches that give a central role to factors specific to the individual. Surprisingly, no studies have been derived from these theoretical approaches, except for 1 qualitative study that explored addiction as occupation and its potential utility in implementing occupational therapy interventions for substance-related and addictive disorders (Wasmuth, Crabtree, & Scott, 2014). However, a recent article’s inquiry into the concepts relevant to occupational therapy suggests the need to validate and adapt the occupational assessment tools available in this particular clinical context.
Table 1. Theoretical Proposals and Professional Roles in the Systematic Review of Occupational Therapy in the Treatment of Addiction

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Issue</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chacksfield &amp; Forshaw (1997)</td>
<td>Role of occupational therapy in assessing and treating patients with the tripartite problems of mental disorder, dangerousness, and an addictive behavior</td>
<td>The article focuses on occupational therapy in the forensic addictive behaviors unit, but many of the issues discussed apply to patients with addiction in other forensic psychiatric settings.</td>
</tr>
<tr>
<td>Crouch &amp; Wegner (2014)</td>
<td>Multidisciplinary intervention for substance use and abuse that includes occupational therapy</td>
<td>The article describes how occupational performance is affected by drug and alcohol dependency, the place of occupational group therapy in the treatment of persons with drug and alcohol problems, the importance of follow-up and aftercare, and the importance of community drug and alcohol programs and how they are implemented. It also describes occupational assessment tools and details of activities used in occupational therapy.</td>
</tr>
<tr>
<td>Gutman (2006)</td>
<td>Brain Disease Model of addiction: implications for occupational therapy practice</td>
<td>Therapists can help clients practice and learn needed social skills in group settings. Practice should involve specific situations that are likely to be encountered by clients as they attempt to assume desired roles in the larger community. Possessing the skills to interact with others in socially acceptable ways and to resolve conflicts nonaggressively can reduce stress that could potentially trigger relapse.</td>
</tr>
<tr>
<td>Haltiwanger, Lazzarini, &amp; Nazeran (2007)</td>
<td>Nonlinear dynamics systems theory, also referred to as chaos theory, in the practice of occupational therapy: the Neuro-Occupation Model</td>
<td>Occupational therapists can use their boundless creativity to create strategies to build on the habitual routines established in brain dynamics. The reinstatement of habits is clearly sensitive to initial conditions, so the person develops new habits and never returns to old routines.</td>
</tr>
<tr>
<td>Helbig &amp; McKay (2003)</td>
<td>Addiction in relation to occupational risk factors, the nature of occupation, environmental influences, flow, and boredom</td>
<td>Addiction is occupational in nature and can lead to occupational disruption. Viewing addiction from an occupational perspective may reveal new understanding about ways to maximize the health and capacity of people with addiction.</td>
</tr>
<tr>
<td>Kiepek &amp; Magalhães (2011)</td>
<td>Addiction as occupation</td>
<td>The findings have implications for the conceptualization of occupations, including the relationship between occupation and health, the potential risk for negative consequences through occupational engagement, a deeper exploration of occupational patterns and performance, and the influence of context. A potential role for occupational science in the field of addictions is proposed.</td>
</tr>
<tr>
<td>Kunz (1988)</td>
<td>Money management problems of patients with addiction and their need to develop new skills to manage their incomes successfully</td>
<td>This article describes teaching modules for budgeting, experiential shopping excursions, and ways to obtain referral to community resources for help with money management problems after discharge from the program.</td>
</tr>
<tr>
<td>Lindsay (1983)</td>
<td>Role of the occupational therapist in the treatment of alcoholism</td>
<td>Patients are given support to accept the chronic disease of alcoholism, are taught skills needed to maintain sobriety, have opportunities to begin using resources for sobriety, and are assisted in regaining a sense of self-worth.</td>
</tr>
<tr>
<td>Movers (1992a)</td>
<td>Neurocognitive approach to alcoholism</td>
<td>Emphasis is given to occupational therapy evaluation and assessment of neurocognitive recovery and the corresponding treatment strategies designed to facilitate experience-dependent recovery in alcoholism.</td>
</tr>
<tr>
<td>Movers (1992b)</td>
<td>Occupational intervention with the family of the person with alcoholism</td>
<td>A family treatment approach, based on systems theory, is organized into three hierarchical treatment levels that accommodate the family’s maladaptive roles. Family treatment methods thought most likely to produce the desired results are delineated according to treatment level.</td>
</tr>
<tr>
<td>Movers (1997)</td>
<td>The Movers Model for occupational therapy: spiritual recovery</td>
<td>The revised Movers Model is both more consistent with the Alcoholics Anonymous principles of spiritual recovery and in keeping with the occupational therapy philosophy of addressing the needs of the whole person.</td>
</tr>
<tr>
<td>Smith &amp; Glickstein (1982)</td>
<td>Art as a therapeutic modality for people with alcohol problems</td>
<td>Because people are often sensitive about their artistic skills, all rewards for aesthetically pleasing productions were minimized. The authors told the group that drawing, for the purpose of the art experience, was secondary to allowing themselves to experience their art productions and their feelings. Artistic skills were not a prerequisite.</td>
</tr>
</tbody>
</table>
Cardinale, Malacari, Brogg, Savignano, & Fisher (2014) | Empowerment of mothers in recovery | Mixed quantitative and qualitative method | 3 | Two participants improved their personal growth initiative. Participant reflection provided insight into the women’s inner feelings. | 9

Heuchemer & Josephsson (2006) | Homelessness and addiction | Narrative | 2 | Homelessness was identified as a life of high intensity lived within a limited time perspective related to drug addiction, which was experienced at first as a solution to life situations that seemed impossible to handle. | 8

Knis-Matthews (2007) | Experiences of 5 men and 1 woman with substance dependence who were parents and receiving treatment | Observation and in-depth interviewing | 6 | Themes were related to the role of spouses and extended family members who assumed primary responsibility for children during a parent’s drug addiction. | 9

Knis-Matthews (2010) | Experiences of 5 men and 1 woman with substance dependence who were parents and receiving treatment | Observation and in-depth interviewing, using constant comparison method and thematic analysis | 6 | An overarching metathematic category, the destructive path and powerful appeal of addiction, describes why the participants reported feeling most comfortable in the role of drug addict and found order in the chaos of the addictive lifestyle. | 9

Lange (1988) | Ethnographic interview as an occupational therapy needs assessment tool for Native Americans with alcoholism | Interview and self-reports | 5 interviews, 31 self-reports | Habilitation and rehabilitation must be offered in a context relevant to the individual and should include family participation when possible. The occupational therapist should encourage clients’ cultural identification as a way to increase self-esteem and sense of affiliation, necessary components of health. | 7

Martin, Smith, Rogers, Wallen, & Boisvert (2011) | Women in treatment for substance addiction | Narrative inquiry with thematic analysis of data | 10 | Alterations in occupational identity, occupational performance patterns, and performance capacity were revealed. Environmental elements contributing to addiction and those important in recovery were identified. | 9

Ussher, McCusker, Morrow, & Donaghy (2000) | Implementation of a physical activity intervention by an occupational therapist in a community alcohol service | Single-group multiple case and self-reports | 10 | Four of the 5 participants for whom case studies were presented made substantial gains in all the target areas: independence, integration, education, and health. | 8

Wasmuth, Crabtree, & Scott (2014) | Exploration of addiction as occupation | Qualitative thematic analysis | 10 | This study adds new insight into firsthand experiences of addiction as occupation. Destigmatizing addiction and understanding it as an occupation may aid occupational therapists in developing rapport and facilitating more satisfactory occupational lives for people struggling with substance-related and addictive disorders. | 9

Table 2. Qualitative Studies Included in the Systematic Review of Occupational Therapy in the Treatment of Addiction

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Aim</th>
<th>Method</th>
<th>N</th>
<th>Results</th>
<th>CASP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardinale, Malacari, Brogg, Savignano, &amp; Fisher (2014)</td>
<td>Empowerment of mothers in recovery</td>
<td>Mixed quantitative and qualitative method</td>
<td>3</td>
<td>Two participants improved their personal growth initiative. Participant reflection provided insight into the women’s inner feelings.</td>
<td>9</td>
</tr>
<tr>
<td>Heuchemer &amp; Josephsson (2006)</td>
<td>Homelessness and addiction</td>
<td>Narrative</td>
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<tr>
<td>Knis-Matthews (2007)</td>
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<td>Observation and in-depth interviewing</td>
<td>6</td>
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<td>6</td>
<td>An overarching metathematic category, the destructive path and powerful appeal of addiction, describes why the participants reported feeling most comfortable in the role of drug addict and found order in the chaos of the addictive lifestyle.</td>
<td>9</td>
</tr>
<tr>
<td>Lange (1988)</td>
<td>Ethnographic interview as an occupational therapy needs assessment tool for Native Americans with alcoholism</td>
<td>Interview and self-reports</td>
<td>5 interviews, 31 self-reports</td>
<td>Habilitation and rehabilitation must be offered in a context relevant to the individual and should include family participation when possible. The occupational therapist should encourage clients’ cultural identification as a way to increase self-esteem and sense of affiliation, necessary components of health.</td>
<td>7</td>
</tr>
<tr>
<td>Martin, Smith, Rogers, Wallen, &amp; Boisvert (2011)</td>
<td>Women in treatment for substance addiction</td>
<td>Narrative inquiry with thematic analysis of data</td>
<td>10</td>
<td>Alterations in occupational identity, occupational performance patterns, and performance capacity were revealed. Environmental elements contributing to addiction and those important in recovery were identified.</td>
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<tr>
<td>Ussher, McCusker, Morrow, &amp; Donaghy (2000)</td>
<td>Implementation of a physical activity intervention by an occupational therapist in a community alcohol service</td>
<td>Single-group multiple case and self-reports</td>
<td>10</td>
<td>Four of the 5 participants for whom case studies were presented made substantial gains in all the target areas: independence, integration, education, and health.</td>
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</tr>
<tr>
<td>Wasmuth, Crabtree, &amp; Scott (2014)</td>
<td>Exploration of addiction as occupation</td>
<td>Qualitative thematic analysis</td>
<td>10</td>
<td>This study adds new insight into firsthand experiences of addiction as occupation. Destigmatizing addiction and understanding it as an occupation may aid occupational therapists in developing rapport and facilitating more satisfactory occupational lives for people struggling with substance-related and addictive disorders.</td>
<td>9</td>
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</tbody>
</table>

Note. CASP = Critical Appraisal Skills Programme (CASP criteria range from 0 to 10).

setting and design the occupational therapy framework in a specific way (Crouch & Wegner, 2014).

Regarding occupational therapy, few studies have focused on the field of addiction. Just 8 qualitative studies focused on specific issues, such as ethnic differences, homelessness, addicted fathers and mothers, and gender differences, and the number of quantitative studies focusing on occupational therapy in comprehensive treatment programs is not much greater. To conduct studies, validated measures to estimate variables characteristic of occupational therapy are required. Although many validated occupational therapy instruments exist for other clinical settings (Asher, 2007), few have been used with people with addictions. The psychometric properties of these measures have rarely been explored, and in any case, they have replicated the few results available.

All the studies included in this review had a low level of evidence. They were limited to case series and provide little of relevance; they used small or incidental samples and no control groups; and they did not randomize participants, which does not allow generalization of the findings. The only study that provided a better level of
evidence is a systematic review of effective treatments for addictive behaviors (Stoffel & Moyers, 2004), which included only self-help and psychological studies. The authors stated that occupational therapy studies that examine the efficacy and effectiveness of interventions for people with substance use disorders were lacking. The only controlled clinical trial (Detweiler et al., 2015) had severe deficiencies in its methodology, which make its results questionable. Its main conclusion was that occupational therapy researchers need to examine interactions among person, environment, and occupation to understand some of the complex aspects of prevention and recovery that are ignored in the current literature.

Certainly, occupational therapy has developed a wide range of instruments for populations with impairments in occupational performance resulting from brain injury, psychomotor disorders, environmental factors, mental health, and so forth, many of which seem potentially applicable to occupational assessment and diagnosis of people in recovery from addiction. A critical requirement of such measures is the determination of their psychometric properties, construct validity, and diagnostic validity in a population with distinct characteristics, such as the population with addictive behaviors. Some of the interventions that must be measured to quantify the impact on addiction recovery, beyond the mere achievement and maintenance of abstinence, are rehabilitation of brain function, alternative roles to addiction, performance improvement, enrichment of the environment, empowerment of the person, and, ultimately, use of the therapeutic process as a means and as a goal (Haltiwanger et al., 2007).

This systematic review was intended to answer three questions. The answer to the first question is clear: Occupational therapy has models that are able to explain addiction from the occupational perspective, without requiring concepts and models from other disciplines. The answers to the other two questions are not so optimistic. These theoretical models have not yet been translated into proposals for occupational intervention whose results could be measured and translated into controlled clinical trials. Only recently have we found proposals that represent the start of an occupational intervention that is capable of generating effectiveness studies in coming years (Crouch & Wegner, 2014).

Limitations of this systematic review include the article selection process. The main inclusion criterion was the centrality of occupational therapy in conceptual or professional proposals or qualitative or quantitative research studies. The concept of centrality is ambiguous and can lead to biases in its application. If the inclusion criteria had been more flexible, we could have included more studies, but we considered the inclusion criteria necessary to investigate the role of occupational therapy in the problem treated. Therefore, we omitted articles that applied explanatory models and interventions from other disciplines (psychology and psychiatry) and offered only a tangential view of the role of the occupational therapist.

Implications for Occupational Therapy Practice

The results of this study have the following implications for occupational therapy practice:

- Even though occupational therapy has intervened in the clinical field of addiction for more than 70 yr, its scientific production has been poor; few studies have been conducted, all with low levels of evidence.
- In the past decade, occupational therapy researchers have proposed models of addiction that attempt to explain how addiction affects a person’s occupational life and that consider addiction itself to be an occupation. Despite having a conceptual framework and theoretical models, few studies have evaluated occupational therapy treatment of people with addiction.
- A critical deficiency is the absence of validation studies of assessment tools for people with substance abuse or behavioral addictions. In the absence of specialized occupational therapy instruments, it is difficult to design rigorous studies to provide scientific evidence on the effectiveness of occupational interventions.
- Occupational therapy practitioners must address the challenge of finding evidence of their usefulness in the field of addictions, as they have done in many other clinical settings, and as corresponds to their methodological reference, occupational science.

Conclusion

Despite the fact that occupational therapy has been involved in the treatment of people with substance addiction and, more recently, with behavioral addictions for more than half a century, the volume of research published is poor. As a start, models exist to guide research that is based on concepts and objectives strictly from occupational therapy, without overlapping with other clinical disciplines. An urgent need exists to validate instruments that measure occupational variables in populations with addiction as a prerequisite for the design of quality research projects. Occupational therapy, as an independent scientific discipline, must prove this state through the development and publication of studies that explore the benefits of interventions for ADL performance.
Table 3. Quantitative Studies Included in the Systematic Review of Occupational Therapy in the Treatment of Addiction

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Aim</th>
<th>Method</th>
<th>Tools</th>
<th>N</th>
<th>Conclusions</th>
<th>Level of Evidence</th>
<th>CASP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andersson, Eklund, Sundh, Thundal, &amp; Spak (2012)</td>
<td>Relationship between women's patterns of everyday occupation and alcohol consumption using the broader concept of occupation from occupational therapy models</td>
<td>Cross-sectional</td>
<td>Semistructured interview</td>
<td>851</td>
<td>Using an individually oriented method, 2-step clustering, 3 distinct patterns of everyday occupations were identified. Significant associations with problematic alcohol consumption were found in the clusters characterized by lower engagement in leisure activities and larger amount of spare time.</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Boisvert, Martin, Grosek, &amp; Clarie (2008)</td>
<td>Peer-support communities</td>
<td>Mixed methods including pretest–posttest measures, semistructured interviews, and participant observation</td>
<td>Volitional Questionnaire 4.0</td>
<td>18</td>
<td>A peer-supported community program focused on self-determination can have a significant positive impact on recovery from addiction.</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Detweiler et al. (2015)</td>
<td>HT as a subgroup of OT. Studies have indicated that gardening promotes neuroendocrine and affective restoration from stress.</td>
<td>Random assignment to the HT or the OT group; attendance at supervised HT and OT groups 5 hr/day for 3 wk</td>
<td>Quality of Life Enjoyment and Satisfaction Questionnaire–Short Form, Alcohol Craving Questionnaire, Posttraumatic Stress Disorder Checklist, Civilian Version, Center for Epidemiologic Studies Depression Scale</td>
<td>49</td>
<td>The trends suggest that HT may modulate stress in veterans, as evidenced by decreased cortisol levels and depressive symptoms, and may improve quality of life more than the programs in which the OT group participated.</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Lindstedt, Grann, &amp; Söderlund (2011)</td>
<td>Assessment of occupational performance and social participation in offenders with a mental disorder (50% with addiction)</td>
<td>Longitudinal</td>
<td>Capability to Perform Daily Occupations, Allen Cognitive Level Screen</td>
<td>36</td>
<td>The group was generally more satisfied and engaged in daily occupations after treatment.</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Martin et al. (2015)</td>
<td>Development of a measurement instrument, the LHQ</td>
<td>Psychometrics (cases)</td>
<td>LHQ</td>
<td>229, Phase 1 268, Phase 2</td>
<td>The LHQ is a promising new assessment of occupational dysfunction for people entering treatment for substance abuse. It contains factors that reflect occupational therapy practitioners’ concerns with clients’ performance in context.</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Miguez (1981)</td>
<td>Comparison of the effectiveness of 4 therapeutic orientations in alcoholism treatment: behavioral, psychosocial, occupational, and multiple</td>
<td>Longitudinal: treatment (2 wk) and follow-up (1 yr)</td>
<td>Abstinence length</td>
<td>145</td>
<td>People receiving occupational and behaviorally oriented treatments achieved a 5-mo abstinence period as an estimated average effectiveness. People receiving psychologically oriented treatments achieved 7 mo of abstinence.</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Author/Year</td>
<td>Aim</td>
<td>Method</td>
<td>Tools</td>
<td>N</td>
<td>Conclusions</td>
<td>Level of Evidence</td>
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<tr>
<td>Peloquin &amp; Ciro (2013)</td>
<td>Satisfaction in self-development groups</td>
<td>Cross-sectional</td>
<td>Ad hoc survey</td>
<td>1,488</td>
<td>Self-development activity groups appear to be a satisfactory and engaging intervention for women in recovery from substance abuse.</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Raphael-Greenfield (2012)</td>
<td>Occupational therapy assessment of executive and performance functioning and indicators of community adjustment among adults with a history of homelessness and substance abuse</td>
<td>Descriptive and correlational</td>
<td>Executive Function Performance Test</td>
<td>60</td>
<td>Measurable levels of cognitive and task impairment were documented. An implication of this study for occupational therapists working with homeless clients who abuse substances is the importance of assessing and treating their cognitive impairments as well as providing these services within housing-first agencies.</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Rojo-Mota, Pedrero-Pérez, Ruiz-Sánchez de León, &amp; Miangolarra Page (2014)</td>
<td>Administration of the AMPS to people in treatment for addictive behaviors</td>
<td>Case series</td>
<td>AMPS</td>
<td>101</td>
<td>Motor and cognitive performance were negatively related to duration of addiction and its severity. Sixty percent of the sample reached suboptimal scores.</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Scaffa (1991)</td>
<td>Determination of whether significant differences in temporal adaptation exist between alcoholic and nonalcoholic participants through an evaluation of interests and use of time</td>
<td>Cross-sectional (cases and controls)</td>
<td>Matsutsuyu’s Interest Checklist, Hourly Time Log</td>
<td>25 alcoholics in treatment 25 nonclinical population</td>
<td>People with alcoholism tend to have a variety of leisure interests but actively engage in very few of these activities. Other areas of dysfunction for this population include maladaptive habits, deficits in the worker role, and poor use of time. Problems in daily life organization or temporal dysfunction can be associated with alcoholism.</td>
<td>4</td>
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<td>Stoffel &amp; Moyers (2004)</td>
<td>Description of effective interventions from other disciplines that improve outcomes consistent with the domain of occupational therapy and use an occupational perspective to modify the interventions shown to be effective in order to facilitate engagement in activity and participation within the community</td>
<td>Evidence-based review</td>
<td>Various</td>
<td>20</td>
<td>Occupational therapy studies that examine the efficacy and effectiveness of interventions for persons with addiction are lacking.</td>
<td>3a 4</td>
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References


