

Content

- Project Introduction
- Project Review
 - Planning
 - Occupational Therapy (OT) Profession in Substance Abuse (SA) and Relapse Prevention (RP)
 - Project Formulation
 - Implementation
 - Promotion and Recruitment
 - Participant
 - Therapeutic Sessions
 - Case Sharing
 - Result
 - Output Measures
 - Outcome Measures
 - Experience Learnt
 - Way-forward

2

Project introduction

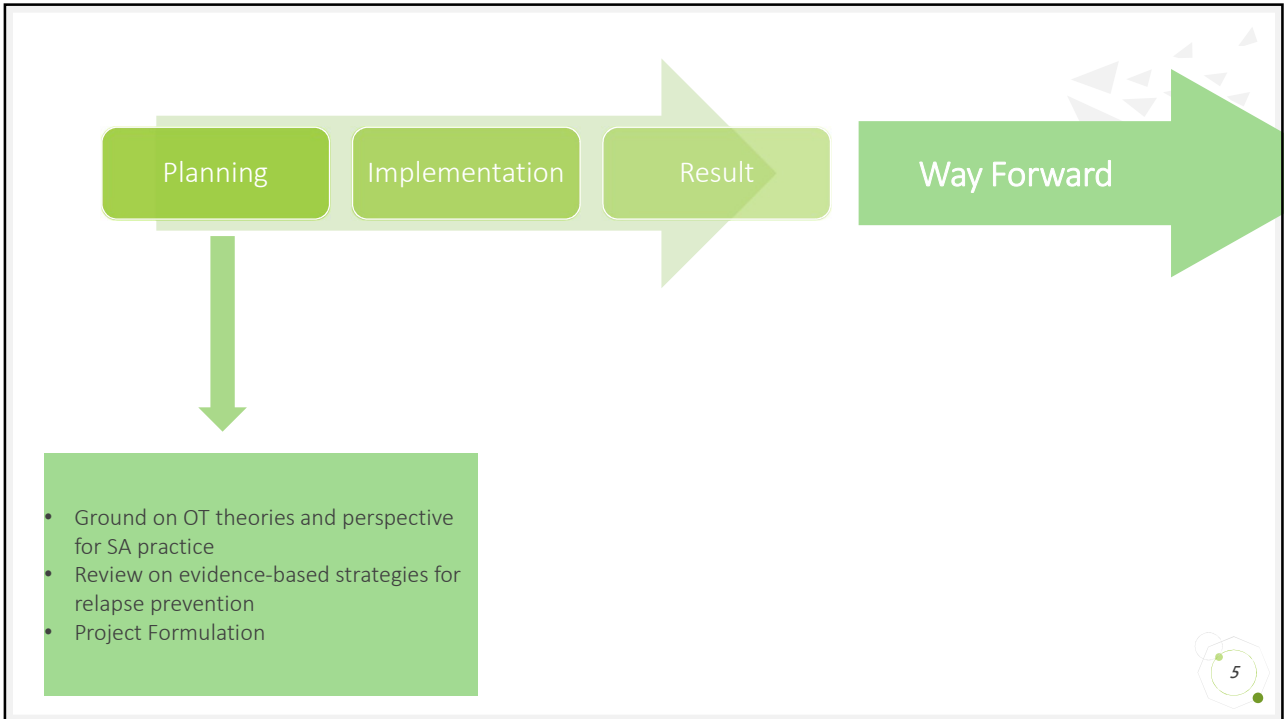
Name of Project:	3 Steps to Relapse Prevention <預防復吸三部曲>
Project Code:	BDF160039
Project period:	1 st August 2017 – 31 st July 2019
Amount of grant approved:	\$2,605,016.00
Manpower:	1 OTI, 1 OTII
Objective:	-To enhance treatment motivation -To reduce risk of relapse and frequency of drug use -To improve life functioning through insight enhancement and relapse prevention program
Total expected number of participants:	100
Total expected attendance :	1200



Project Review

Planning
Implementation
Result
Way-forward





OT theories and perspective for SA practice

Recovery for Substance Abuse

- **Voluntary control over substance use** which maximize **wellbeing** and participation in the roles and responsibilities (The United Kingdom Drug Policy Commission)
- promoting recovery supports individual to live **productive life role** (Substance Abuse and Mental Health Service Administration)

&

Vision of occupational therapy

- to empower service users to lead a **meaningful life** of their choices

For substance abusers...

- to empower and **make progressive changes** on **substance abuse** problem, daily function, vocational achievement, **self-management** and **lifestyle** throughout their recovery journey via means of activities /occupations

Occupational Therapy

6

Gutman, S. A. (2006). Why addiction has a chronic, relapsing course. The neurobiology of addiction: implications for occupational therapy practice. *Occupational Therapy in Mental Health*, 22(2), 1-29.
 UKDPC (2008). The UK Drug Policy Commission Recovery Consensus Group: A vision of recovery. Policy Report. UKDPC, London.
 SAMSHA. (2015, October 13). *Prevention of substance abuse and mental illness*. Retrieved from <http://www.samhsa.gov/prevention>

Review on evidence-based strategies for relapse prevention ...why and how?

Service Needs...

- RP as one of the most widely discussed issues and **defining features** (McBride & Petersen, 2002)
- Related to treatment effectiveness (extend abstinence period, especially critical period just after detoxification) and post-treatment support/aftercare service
- support substance abusers from recovery plan formulation, detoxification to abstinence maintenance, and the aftercare service during post-detoxification period can be in a more **intense, frequent and comprehensive ways**

- Developed by Dr. Marlatt and Gordon (1985) to facilitate substance abusers to address the issue of relapse, and to generate techniques for preventing or managing its occurrence, based on cognitive-behavioural framework
- focuses on identifying high-risk situation and tackle it with cognitive and behavioural coping strategies (Marlatt & Donovan, 2005) with empirical studies support on its effectiveness (Irvin et al., 1999).

Relapse Prevention Model

McBride, A., & Petersen, T. (2002). *Working with Substance Misusers: A Guide to Theory and Practice*. New York: Routledge
 Marlatt, G. A., & Donovan, D. M. (2005). *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors (2nd Ed)*. New York: The Guilford Press.
 Marlatt, G. A., & Gordon, J. R. (1985). *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. New York: Guilford Press.
 Irvin, J. E., Bowers, C. A., Dunn, M. E., Wang, M. C. (1999). Efficacy of relapse prevention: a meta-analytic review. *Journal of Consulting and Clinic Psychology*, 67(4), 563-570.



Project ideas consolidation and formulation

Past BDF Project Experience

Occupational Lifestyle Redesign

Life role establishment

Insight enhancement



Occupational Therapy Vision

Pursue meaningful life

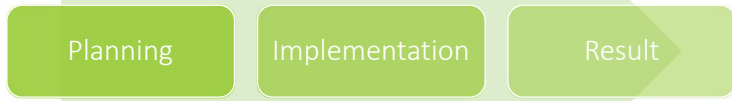


Relapse Prevention

Substance Abuse Service

Consolidation





- Ground on OT theories for practice model
- Review on evidence-based strategies for relapse prevention
- Project Formulation
- Project Promotion
- Recruitment of Participants
- Therapeutic Sessions
- Case Sharing



Promotion and Recruitment

服務形式

3. 社區活動體驗

- ◆ 定期舉辦不同類型的社區體驗活動，增加參加者接觸不同類型事物的機會
- ◆ 過往舉辦活動例子：種植體驗、果園中對話、採摘士多啤梨等等
- ◆ 亦會因應參加者的興趣，舉辦定期活動，如烹飪班、音樂及體育活動

4. 人生輔導

提供個人化的人生輔導，協助參加者在人生的不同階段上建立有意義的目標，尋找生活上的角色定位，重慶生活。

5. 社區學習津貼

為鼓勵參加者多參與及融入社會，參加者在社區自行閱讀課程/興趣班，並成功完成及獲發證書（或合資格的出席證明），可申請獲得津貼資助。

*詳情請向專員或藥劑治療師查詢

地址
藥物濫用評估中心
 新界葵涌醫院道3-15號G座2樓
職業治療部
 新界葵涌醫院道3-15號服務座1樓

查詢及聯絡 (職業治療部)
 電話：2959 8261
 聯絡人：華先生/丘先生

預防復吸 三部曲
3 Steps to Relapse Prevention

葵涌醫院 藥物濫用評估中心 職業治療部

職業治療服務簡介

職業治療師透過專業評估、心理輔導及復康活動，鼓勵藥物濫用康復者在日常生活、工作及銜銜三方面為自己策劃及積極參與有意義的活動，從而建立充實的生活模式，戒除毒癮，預防復吸，重慶自己的人生角色。

專業評估
心理輔導
復康活動

服務對象
 現正接受葵涌醫院藥物濫用評估中心服務人士。

計劃簡介

本計劃名為「**預防復吸三部曲**」，目標是透過一連串緊密的治療活動和面談，以減低康復後復吸的危機，尤其於戒癮後的初期。

在本計劃中，參加者會接受分為三階段的連續性服務，當中包括

(1) **認識自己**

- ◆ 透過點數性面談及不同的功能評估，提升參加者的動力及洞察力，為作出改變做好準備
- ◆ 認識及了解吸食毒品的影響
- ◆ 認識復元過程

(2) **預防復吸**

- ◆ 透過個人輔導、小組活動及其他方式的治療，提升參加者對預防復吸的認識及其重要性
- ◆ 了解自身復吸的可能性及誘因
- ◆ 提升處理技巧及應對策略，減低復發的可能性及預備可能面對的情況

(3) **戒後維護**

- ◆ 提供持續服務，如面談輔導及相關治療
- ◆ 持續支援參加者在社區實踐個人目標
- ◆ 檢視及討論應對策略的成效

服務形式

1. 個人評估

- ◆ 為參加者提供不同方面的評估，例如認知能力、工作能力以及其他功能上的評估
- ◆ 基於評估結果制定個人化復康計劃

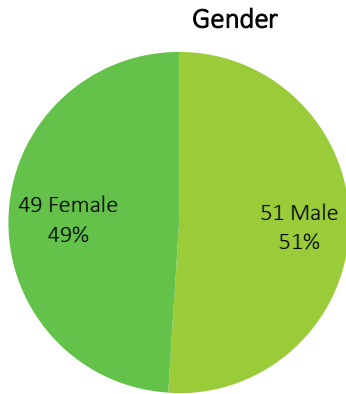
2. 課堂學習及訓練

- ◆ 提供個人或小組形式的課堂學習，如自我管理、壓力處理、社交人際關係、認知訓練等等
- ◆ 參與職前訓練、工作配對及就業輔導
- ◆ 參與閒暇活動小組以發掘興趣，建立平衡生活模式

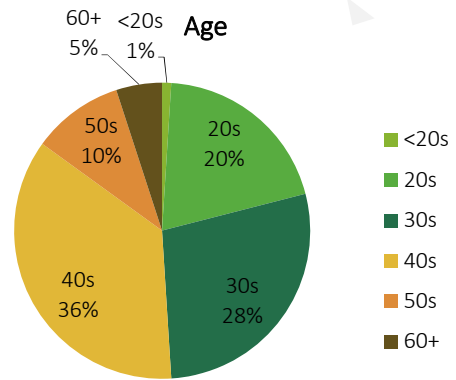
• 100 participants who were receiving service at Substance Abuse Assessment Unit of Kwai Chung Hospital was recruited



Demographic Data (N=100)



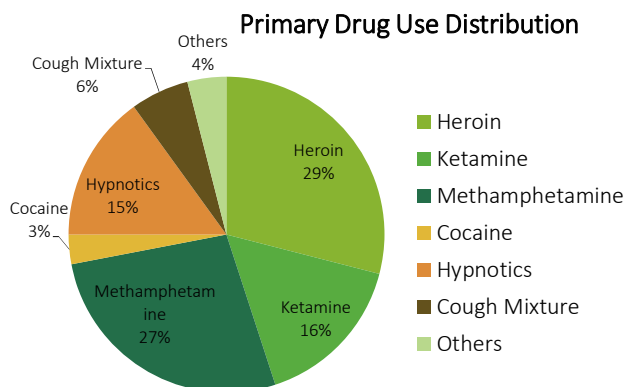
■ Male
■ Female



■ <20s
■ 20s
■ 30s
■ 40s
■ 50s
■ 60+

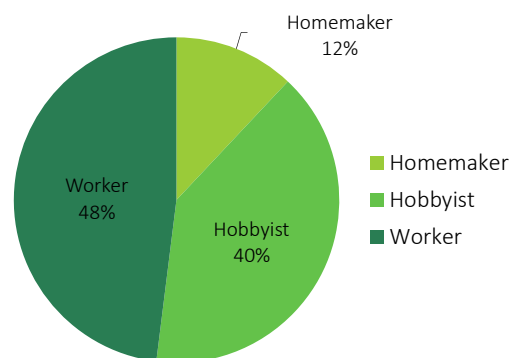
11

Demographic Data (N=100)



■ Heroin
■ Ketamine
■ Methamphetamine
■ Cocaine
■ Hypnotics
■ Cough Mixture
■ Others

Premorbid Major Life Roles & Functioning



■ Homemaker
■ Hobbyist
■ Worker

12

Service Pathway

- Objective:
 - This project aimed to help people with substance abuse to prevent relapse, as well as to improve life functioning via therapeutic assessments and interventions across different phases, which were focusing on insight enhancement, relapse prevention and aftercare.
- Emphasis:
 - Lifestyle Redesign
 - Life Role Establishment
 - Relapse Prevention
- Divided into 3 phases
 - Phase 1: Insight Enhancement Program
 - Phase 2: Relapse Prevention Program
 - Phase 3: Aftercare Service

Stage of Change	Treatment continuum	Treatment modalities
Pre-contemplation	Phase 1: Insight enhancement program - to find the life value and life goal - to learn the basic facts about substance - to weigh the pros and cons - to develop discrepancy between substance abuse and personal life goal	- Motivational interviewing - Functional assessment
Contemplation		
Preparation	Phase 2: Relapse prevention program - to manage craving - to identify high-risk situations - to develop coping strategies - to modify covert antecedence	- Psycho-education - Experiential learning - Interactive written materials
Action		
Maintenance	Phase 3: Aftercare service - to review and rebuild the coping strategies - to address the challenges of real life situation - to redesign the lifestyle and establish life role	- Follow-up consultation - Community outreaching - Coaching

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and process of self-change of smoking: toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.



Phase 1: Insight enhancement

- Phase 1
Insight enhancement program
- Phase 2
Relapse prevention program
- Phase 3
Aftercare service

- Enter the service by enhancing their insight towards own situation and behaviors
- To improve motivation and commitment
- Motivational interviewing
Adopt skills from motivational interviewing to explore and elicit motivators to quit drugs and make changes
- Assessments
Carry out standardized assessments, e.g. cognitive, functional and vocational assessments
Build up insight and discrepancy between SA and goals
- Review on substance abuse and related knowledge

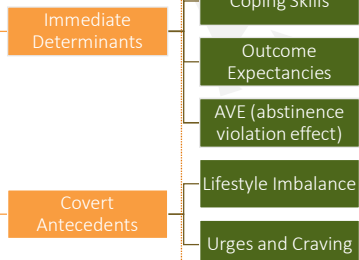


Phase 2: Relapse prevention

- Phase 1
Insight enhancement program
- Phase 2
Relapse prevention program
- Phase 3
Aftercare service

- Adopted from Relapse Prevention model by Dr. Marlatt
- Identify immediate determinants and covert antecedents
- Review and develop cognitive & behavioral approaches as coping skills to decrease relapse risk

RP Model



Phase 2: Relapse prevention

- Phase 1
Insight enhancement program
- Phase 2
Relapse prevention program
- Phase 3
Aftercare service

- A series of worksheet is created for facilitation
- Examples:

This block contains several worksheets:

- 認錯情緒和情緒三角 (Cognitive Triangles):** A diagram showing the relationship between thoughts, feelings, and behaviors. It includes a section on '避免重覆' (Avoidance) and '負責重覆' (Responsible repetition).
- 認錯「渴望」 (Cognitive 'Craving'):** A diagram illustrating the cycle of craving, from '渴望' (Craving) to '渴求' (Longing) to '欲求' (Desire), leading to '解脫' (Relief) and '引發渴望' (Triggering craving).
- 認錯改變的不再階段 (Cognitive stages of change):** A circular diagram showing stages: 沉溺期 (Immersion), 覺醒期 (Awakening), 行動期 (Action), and 維持期 (Maintenance).
- 警告信號 (Warning Signs):** A flowchart showing the progression from '警告信號' (Warning signs) to 'Lapse (第一次復發)' (Lapse) and finally 'Relapse (復發) 重新濫用' (Relapse).
- 常見的觸發因素 (Common Triggers):** A list of factors such as people, places, and emotions that can trigger relapse.

Phase 3: Aftercare service

Phase 1
Insight enhancement program

Phase 2
Relapse prevention program

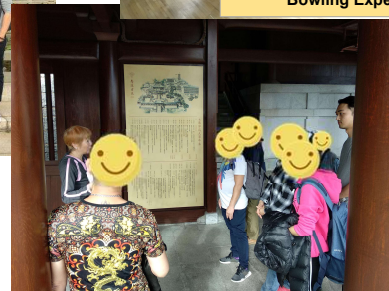
Phase 3
Aftercare service

- Provide on-going and continuous support after detoxification
- A critical period - not only maintain abstinence (relapse prevention) but also to enhance in other life aspects
 - Review and strengthen skills and coping strategies to prevent relapse
 - Review on lifestyle and covert antecedent factors
 - Coaching on individual goals setting and foster action plans
 - Life Role establishment (worker, homemaker, carer etc.)
 - Utilization of community resources
 - Experiential activities
 - Exploration of class and course in community to expand their experience

17

Community Outing Activities for Occupational Lifestyle Redesign and Experiential Learning

- Around once a month
- Based on discussion and interest of participants
- Example of activities:
 - Chi Nin Nunnery Experience
 - Hong Kong Ice Carnival
 - Circus Show
 - VR Experience
 - Shrimping Experience
 - Indoor War-game
 - Haunted House
 - Ocean Park

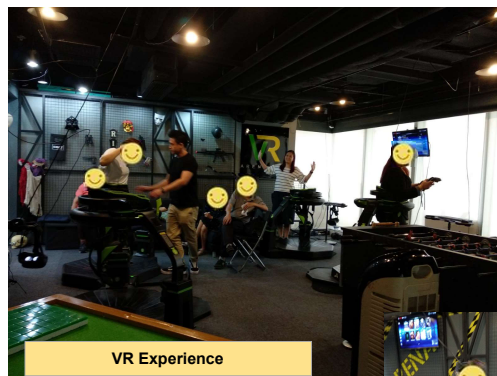


18

Highlights of experiential activities



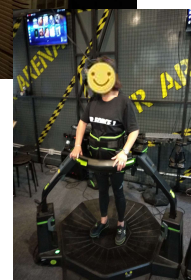
Circus Tour



VR Experience



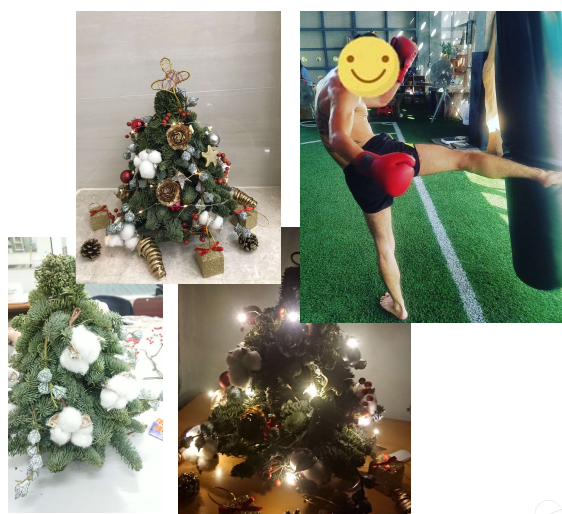
Hong Kong Ice Carnival



19

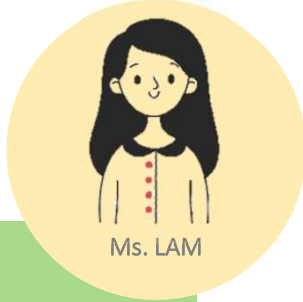
Experiential Learning & Community Activities subsidized by BDF

- Example of community activities that participants completed for interest development/vocational exploration:
 - Cake Making
 - Music course (e.g. guitar/piano/Guzheng)
 - Sports course (e.g. tennis/gym/yoga)
 - Crafting course
 - Painting course
 - Vocational related, e.g.
 - Security guard license course
 - Hygiene course (as kitchen manager)
 - Driving lesson
 - Beauty course (as beautician)
 - Educational course (e.g. concept on recovery)



20

Case Sharing #1



- 33/F
- Divorced
- Living with 12 years old son, parents, brother and sister-in-law in a crowded PHU
- Started using Ketamine after divorced in 2011
- Introduced by friends

- Active use of Ketamine on daily basis
- Due to depressed mood
- Rumination of divorce issues
- Multiple stresses from other life domains e.g. financial, family conflicts
- Physical complications due to Ketamine use
 - Dysuria
 - Urinary frequency
 - On and off cystitis

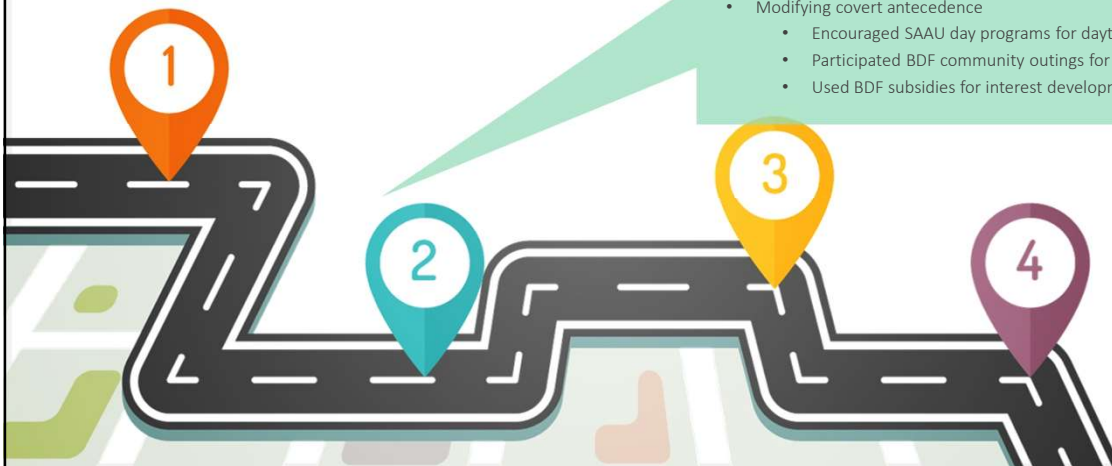


Phase 1: Insight Enhancement

- Explored personal values and life goal
 - wished to live independently with son
- Educated facts about Ketamine use
- Discussed pros and cons of using Ketamine
- Attempted to develop discrepancy between substance abuse and personal life goal → promote stage of change


Phase 2: Relapse Prevention

- Identify high-risk situation for Ketamine use
 - Depressed mood → Medication Adjustment
 - Rumination of divorcing → Ventilation and redirect life focus
 - Financial difficulties → CSSA application
 - Conflicts with family → Alternative coping strategies
 - Urinary complications → Encouraged urology follow up
- Modifying covert antecedence
 - Encouraged SAAU day programs for daytime engagement
 - Participated BDF community outings for social experience
 - Used BDF subsidies for interest development



Phase 3: Aftercare services

- Prioritized real life challenges: unpaid loans
- Facilitated job seeking: part-time worker in children playground at shopping mall
- Assisted to set target for monthly payment




Now...

- Reduced in frequency in Ketamine use
- At best 2 months abstinence
- Improved in mood
- More fruitful daytime engagement
- Stable part-time job
- Improving financial conditions
- Similar family conflicts

活動/課程名稱: 復發預防過程

活動/課程日期: 2017年9月至10月


參與活動/課程後感想:

我開始參加復發預防, 反自己更有序的跟同病友一個個溝通, 如作品也從零開始。



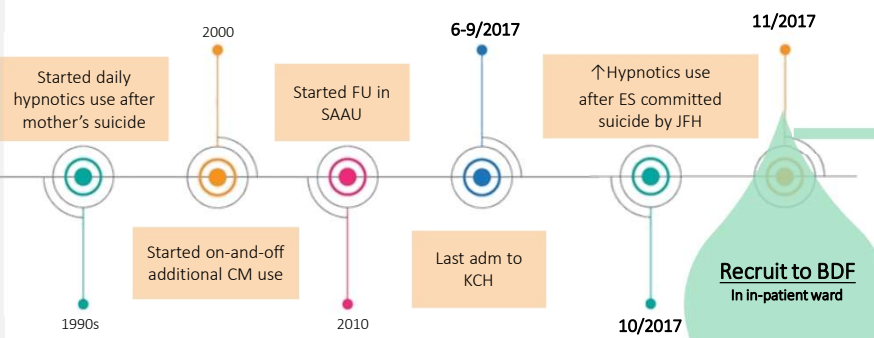


Case Sharing #2



Ms. Y

- F/53; Single; Unemployed; Living alone in a PHU
- Primary SA: **Hypnotics** for over 20 years
- Other SA: **Cough Mixture (CM)** since year 2000 & recreational use of **Meth**
- FU in KCH SAAU since year 2010; >10 past psychiatric admissions
- Dx: Polysubstance Abuse



1990s: Started daily hypnotics use after mother's suicide

2000: Started on-and-off additional CM use

2010: Started FU in SAAU

6-9/2017: Last adm to KCH


10/2017: ↑Hypnotics use after ES committed suicide by JFH

11/2017: Recruit to BDF In in-patient ward

PHASE 1:
1 INSIGHT ENHANCEMENT

PHASE 2:
2 RELAPSE PREVENTION

PHASE 3:
3 AFTERCARE SERVICE

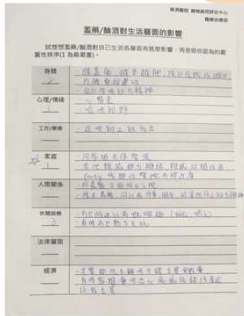


OT interventions

1

PHASE 1: INSIGHT ENHANCEMENT

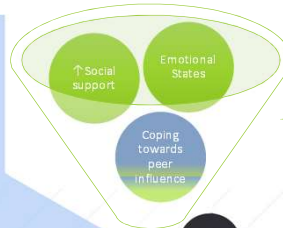
- Pre: Downplaying/denying her active daily use of Z-drugs
- Intervention:
 - Use of stage of change model for analyzing patient's current condition on SA
 - To visualize the harmful effects of hypnotics use on patient's life functioning



2

PHASE 2: RELAPSE PREVENTION

1. To manage craving
 - Cognitive-behavioral strategies
 - Anxiety symptoms → relaxation techniques
 - Insomnia → psychoeducation on sleep hygiene
2. To identify & manage high-risk situations



- Bereavement Mx
- IADL Training (↑ confidence to live alone afterwards)
- Talk on positive psychology
- Recreational programs



OT interventions

3

PHASE 3: AFTERCARE SERVICE

- Review and rebuild coping strategies
 - Upon insomnia, low mood & social pressure
- Redesign the lifestyle and establish life role (hobbyist)
 - Developing interest/regular activities on
 1. handicraft
 2. swimming/hydrotherapy
 3. church activities
 - BDF community outings



Recruit to BDF
In in-patient ward

12/2017

Reinstated use of codeine & z-drugs

Re-admission to KCH for 2 times

!! Small lapse !!

- ✓ Managed by seeking OT & niece's help
- ✓ w/o admission and stop substance abuse by self

BDF project completion

Generally remained abstinence from SA 😊

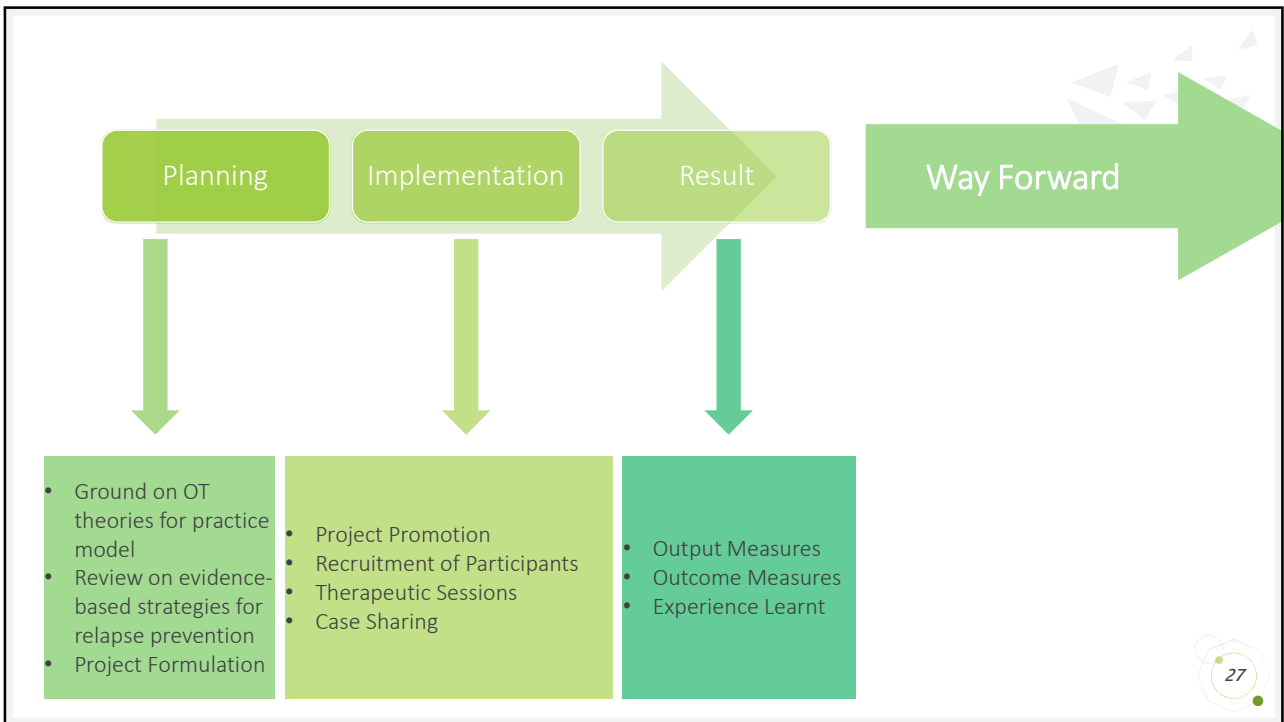
11/2017

Discharged from KCH

3/2018 & 5/2018

4/2019

6/2019



Result – Output and Outcome Measures

Output Measures		
	Proposed	Achieved
Beneficiary Number of Participants:	100	100 (100%)
Number of Therapeutic Sessions: Note: Therapeutic sessions include session for insight enhancement and relapse prevention	1,200	1,236 (103%)
Outcome Measures		
A total of 87 sets of pre-post assessments were collected for analysis * 13 sets were unable to be collected (10 untraceable and 3 passed away)		

Outcome Measures

	Proposed Target	Proposed	Outcomes (N=87)
1	60% of participants who received preparation or action stage treatment show reduction in drug use frequency	BDF Set No.5 (Frequency of Drug Use in the Past 1 Month)	<ul style="list-style-type: none"> Among 22 participants who reported using drug at pre-test, 81.8% of them showed reduction in drug use frequency Among 65 participants who reported not using drug at pre-test, 95.4% of them avoided relapse
2	60% of participants who received pre-contemplation, contemplation, preparation or action stage treatment advance to a higher level in stage of change (or statistical significant improvement in participant's stage of change)	BDF Set 13 (Contemplation Ladder)	<ul style="list-style-type: none"> 39.1% of participants advanced to a higher level in stage of change Statistical significant improvement shown in paired t-test (P=0.000046)

29

Outcome Measures

	Proposed Target	Proposed	Outcomes (N=87)
3	60% of participants reduce in risk of relapse (or statistical significant reduction in participant's risk of relapse)	BDF Set No.14a (Stimulate Relapse Risk Scale)	<ul style="list-style-type: none"> 79.3% of participants reduced in risk of relapse
4	60% of participants improve the frequency of utilizing the coping strategies (or statistical significant improvement in participant's frequency of utilizing the coping strategies)	Checklist of Utilization of Coping Strategies	<ul style="list-style-type: none"> 78.2% of participants improved frequency in utilizing the coping strategies
5	60% of participants improve life function (or statistical significant improvement in participant's life function)	Life Functioning Assessment Inventory	<ul style="list-style-type: none"> 73.6% of participants improved life functioning

30

Outcomes – Words from Participants

- Feedback on matching with personal goal and community courses

參與活動/課程後感想:

令我覺得人生充實及豐富, 回想過去溢
 藥以至精神病, 從無機會到外國看個世界,
 甚至沒機會學英文, 有了此計劃, 令我生
 命有了重新感覺, 對低病者幫助。

X 111 - -

與活動/課程後感想:

認識些熱愛運動和學習的朋友, 擴大自己
 的社交圈子, 重拾正常健康生活, 而且
 學習使我感到積極, 通過學習認識和了解
 自己的不足, 從而加以改善。

31

Outcomes – Words from Participants

- Feedback on matching with personal goal and community courses

參與活動/課程後感想:

自己可以堅持完成課程
 容易到微元路, 各種的優質, 自
 保障礙, 且如果聽自己的故事, 感
 到更清楚自己的微元優質而
 感到更有自信, 更有方向, 更目標。

活動/課程的費用:

\$120

資助金額:

\$120

參與活動/課程後感想:

上完瑜珈之後, 發現自己的身心都變好。
 從來沒有想過, 只要堅持, 就能做得到。

32

Outcomes – Words from Participants

- Feedback on matching with personal goal and community courses

參與活動/課程後感想:

令自己增加了路面經驗 反對汽車亂操控
對尋找相關工作有幫助。

參與活動/課程後感想:

在私人課堂上,我學懂了基本的健身技巧,並
可運用在我的生活中,令我有健康的身體和目標。

參與活動/課程後感想:

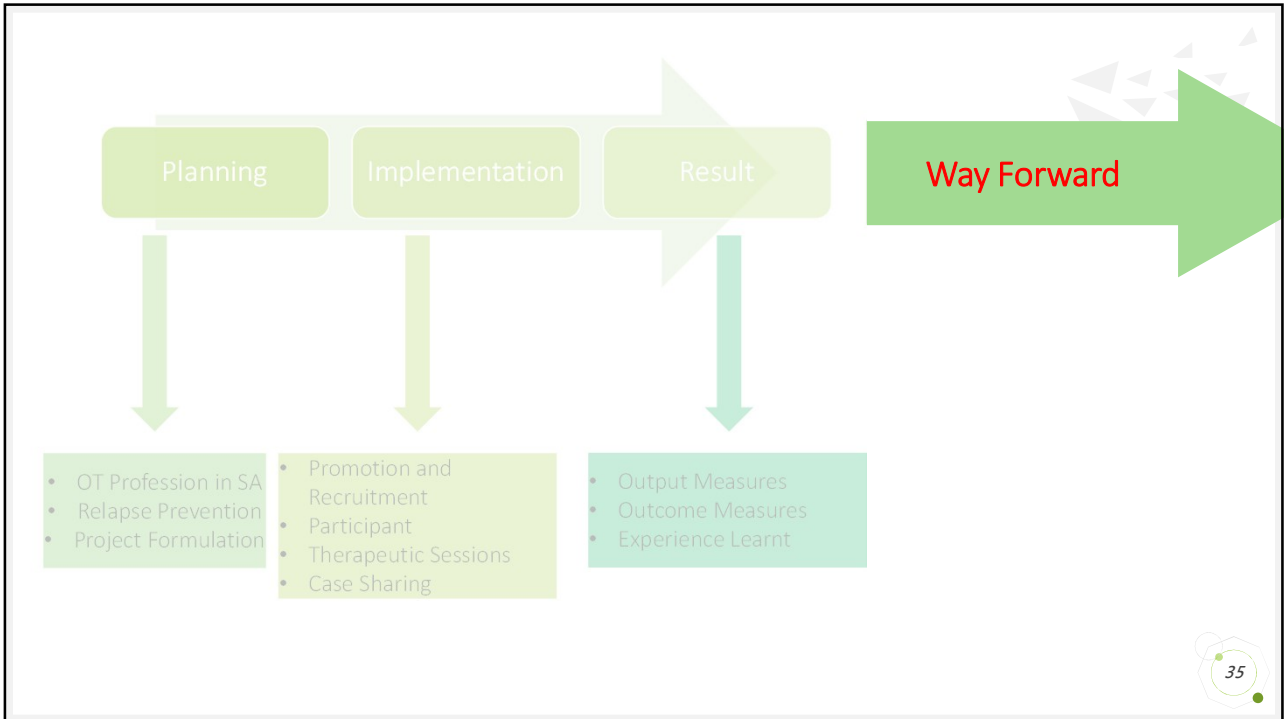
我認識更唔糕制作,互自己更有成功認同每做一個蛋糕
的作品也很開心

33

Experience Learnt

- *Having chance to revisit past experience of relapse/substance abuse behavior helped participant to understand more the reasons behind and critical point leading lapse episodes*
- *By acknowledging and understanding the pathway of relapse, participants were more “aware” and “ready” to tackle risk factors*
- *Also, apart from ways to enhance relapse prevention and craving management, exploration on meaningful activities matching their skills and strength help to increase ways to cope/ventilate stress or high risk situation by establishing a more balanced and fruitful life pattern*
- *These experience provided foresight to conceptualize upcoming project ideas for service enhancement*

34



Brief Introduction

Name of Project:	I Dare, I Want – Strength-based Project 我敢·我想 – 優勢為本計劃
Project Code:	BDF180040
Project period:	August 2019 – July 2021
Amount of grant approved:	HK\$3,772,247
Manpower:	2 OTI
Objective:	-To enhance treatment motivation -To reduce risk of relapse and frequency of drug use -To improve life functioning through insight enhancement and relapse prevention program
Total number of participants:	No less than 130
Total attendance :	1,600 attendance

Summary

- **"I Dare, I Want – Strength-based Project"**
 - employ the essence of strengths model
 - incorporate 5 elements
 - strength-oriented service pathway
- **3-phase treatment continuum**
 - "A new way to see myself"
 - "I can, and I want"
 - "On the track"
- **Emphasis on**
 - Strengths
 - Past effective elements
 - Relapse Prevention
 - OLSR

Elements of Strengths Model	Phase of Service Delivery	Treatment Modality
Engagement & Relationship	Phase I - "A new way to see myself" <ul style="list-style-type: none"> ✦ to establish therapeutic relationship ✦ to understand concept and use of strength model ✦ to explore strengths and identify life values/aspiration ✦ to develop insight between present situation & goal 	<ul style="list-style-type: none"> - Motivational interviewing - Functional assessment - Strength assessment - Psycho-education with inter-active material - Skills building
Strength Assessment		
Personal Planning	Phase II - "I can, and I want" <ul style="list-style-type: none"> ✦ To develop personal recovery plan ✦ To match individual strengths & environmental resources ✦ To enhance necessary coping skills, e.g. lifestyle redesign & relapse prevention ✦ To facilitate execution and pursuit of one's goal 	<ul style="list-style-type: none"> - Personal recovery plan - Goal setting & implementation - Psycho-education - Experiential activities - Community outreaching services - Follow-up
Resources Acquisition	Phase III - "On the track" <ul style="list-style-type: none"> ✦ To monitor utilization of strengths/related strategies ✦ To support coping in real-life daily living 	
Collective continuous collaboration	<ul style="list-style-type: none"> ✦ To promote community reintegration ✦ To bridge the acquisition of community resources and support 	

37

Thank You!