Fall 12-2021

Sexual Health and Wellness for Women in Recovery from Substance Use Disorder

Paige Cassidy, OTR/L
Shawnee State University, reds.cassidy@gmail.com

Sexual Health and Wellness for Women in Recovery from Substance Use Disorder

Paige Cassidy
Occupational Therapy Doctorate Program, Shawnee State University
Department of Rehabilitation Sciences, Shawnee State University

Author Note

Correspondence regarding this report should be directed to the author at
reds.cassidy@gmail.com

Table of Contents

Abstract

The aim of this Capstone project was to produce a sexual health and wellness program for women in recovery from substance use disorder (SUD). Creation of the program includes an in-depth literature review and thorough needs assessment using key stake holders in the community of Southern Ohio. Through clinical practice, literature review, and needs assessment, two modules and six sections were developed. The two modules are physical and mental health aspects of sexual health. Module one is physical health and is composed of three sections that include practicing safe sex, postpartum care, and pelvic floor strengthening. Module two is mental health and is composed of three sections that include positive body image, setting healthy boundaries, and intimate social participation. The purpose of the program is to equip occupational therapists with clinical skills and knowledge as well as provide the profession of occupational with literature to support their role in addressing sexual health with women in recovery from substance use disorder.

Nature of the Project/Introduction

Substance use disorder (SUD) is a mental health condition that is making significant impacts around the nation with devastating effects hitting the southern Ohio and northern Kentucky regions. Nearly 20 million American adults battled a SUD in 2017 (Substance Abuse and Mental Health Services Administration [SAMSHA], 2018). Of these 20 million adults, 37.9% also had a mental illness (National Institute on Drug Abuse, 2018). Drug abuse and addiction costs American society more than $740 billion annually according to the National Institute on Drug Abuse (2018). Another alarming statistic is that in 2017, more than 70,237 Americans died from drug-involved overdose with the number of overdoses rising from 38,329 in 2010 to 70,237 in 2017 (National Institute on Drug Abuse, 2020). Additionally, a 2016 report by the Ohio Department of Mental Health and Addiction Services (OHMAS) (2018) stated that 4,050 Ohio residents died due to unintentional drug overdose. The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) reported that individuals with substance use disorder center all their basic activities around the possession and use of their substance of choice (American Psychiatric Association [APA], 2013).

Currently, there is limited but growing literature that supports occupational therapy's role in addressing occupational dysfunction with individuals in recovery from substance use disorder. More specifically, there is even less literature in the area of sexual health for women in recovery from substance use disorder. According to the Occupational Therapy Practice Framework: Domain and Process Fourth Edition (2020) sexual activity can be an activity of daily living (ADLs) that is defined by engaging in a broad possibility for sexual expression and experiences with self or others. It is entirely within occupational therapy's scope of practice to address sexual health with clients.

Problem Statement

Substance use disorder has become an increasingly dominant mental health condition impacting millions of individuals across the nation and costing the American society billions of dollars annually. Many women in recovery from substance use disorder have reported dysfunction regarding their sexual health (Rawat et al., 2021). Occupational therapists are equipped to address sexual health with SUD clients in order to establish/reestablish healthy ways to engage in sexual expression and experiences in the future. Addressing this problem may produce positive outcomes that decrease risk of relapse following SUD treatment and contribute to occupational therapy's growing body of literature.

Purpose Statement

The purpose of this Capstone project was to produce a program to equip occupational therapists to address sexual health for women in substance use recovery.

Objectives

1. Equip occupational therapists with knowledge and skills to address sexual health for women in recovery from substance use disorder.
2. Add to the growing body of literature to support occupational therapy's role in addressing sexual dysfunction for women in recovery.
3. Increase occupational therapists' involvement in the recovery process for women in recovery from substance use disorder.
4. Decrease chance of relapse from occurring in women in recovery from substance use disorder.
5. Improve women's ability to engage in sexual activity in a healthy, and meaningful way in their future.

Theoretical Framework

The theoretical framework that underpins the development of the program is the Model of Human Occupation (MOHO). MOHO seeks to explain how occupations in humans are motivated, patterned, and performed (Keilhofner, 2002). A major consideration the theory of MOHO deeply examines is the phenomenon of the connection between mind and body. MOHO analyses three major, interrelated components which are volition, habituation, and performance capacity (Keilhofner, 2002).

Volition is composed of personal causation, values, and interest. Personal causation refers to one's sense of effectiveness and competence; values refer to what an individual finds important and meaningful; and interests refer to what one finds enjoyable or satisfying to do (Keilhofner, 2002). Volition creates significant impacts on one's engagement in sexual experiences. An individual must find value, have interest, and feel effective and competent when considering their sexuality and sexual experiences.

Habituation refers to daily routines that form semi-autonomous patterns of behavior (Keilhofner, 2002). Repeated behavioral patterns occur in temporal, physical, and sociocultural contexts (Keilhofner, 2002). In the circumstance that individuals have habituated dysfunctional routines regarding their personal and sexual health while in addiction, it is imperative that these patterned behaviors are addressed while in recovery in order for these individuals to form healthy sexual behaviors. Brem et al. (2019) found that the risk of relapse following SUD treatment is increased if compulsive sexual behaviors (CSB) are not addressed in treatment.

Performance capacity is an individual's ability to do things provided by the status of underlying objective components of physical and mental health and subjective experiences (Keilhofner, 2002). Various subjective experiences can influence an individual's ability to

perform during a sexual encounter including childbirth, pelvic floor dysfunction, trauma, misconception of intimacy, and relationships. Overall, the theory of MOHO provides a framework for occupational therapists to provide evidence-based, client centered care for individuals seeking improvement for sexual health and wellness.

Significance

A well-developed, thorough program addressing sexual health and wellness including physical and mental health components will provide critical insight into evidence-based, clinical practice skills and knowledge. This program is the first of its nature to provide a foundation for occupational therapists to use clinically in order to improve the sexual health of women in recovery from substance use disorder. Likewise, the development of a sexual health program for women in SUD rehabilitation may improve client outcomes and decrease relapse rates.

Summary

Overall, this paper will further explain the literature that currently exists, a description of the needs assessment, an overview of the program as well as provide a discussion reflecting on strengths, limitation, and implications for practice. It is the hope of this author that the program manual becomes a cornerstone for other therapists who work with individuals in recovery in improving their clients' sexual health and overall quality of life. It is also the hope of this author that the development of this program encourages other therapists to create future projects and research regarding sexual health to contribute to this often overlooked, yet exceedingly critical component of each client's life.

Literature Review

Introduction

Leppard et al. (2018) reported that use of substances can be an occupation individuals participate in throughout their daily living in the case that the substance has been integrated into their roles, habits, and routines. According to the American Occupational Therapy Association (AOTA, n.d.) occupational therapists are qualified to assist people with substance use disorder by helping the individual reestablish previous roles that are meaningful to them. Dysfunction is created when a person becomes emersed within their addiction. *Healthy People* 2020 reported that substance use causes issues with family relationships, financial instability, failure in school, domestic violence, child abuse, and crime (U.S. Department of Health and Human Services, 2014). The most recent *Healthy People 2030* reported that drug-overdoses have progressively gotten worse (Office of Disease Prevention and Health Promotion, n.d.). In 2018, there were 20.7 drug overdose deaths per 100,000. Most recent data shows that there are 21.6 drug over-overdose deaths per 100,000 (Office of Disease Prevention and Health Promotion, n.d.). There has been a large increase in substance use and drug overdose in the United States since the COVID-19 pandemic was declared a national emergency in March 2020 (National Institute on Drug Abuse, 2021). Social isolation and pandemic-related stress are contributing to increases in substance use and poor substance use outcomes (National Institute on Drug Abuse, 2021).

Occupational therapists have been providing treatment for substance use disorder in several different settings, such as inpatient and outpatient facilities (AOTA, n.d.). Client centered and occupation-based interventions are utilized to provide the most effective treatment to meet the needs of individuals with substance use disorder to reduce or eliminate substance use (Wasmuth, Pritchard, & Kaneshiro, 2016). An area of concern that may be present with

individuals with substance use disorder is dysfunction regarding sexual health. According to the Occupational Therapy Practice Framework: Domain and Process Fourth Edition (American Occupational Therapy Association [AOTA], 2020) sexual activity can be an activity of daily living (ADLs) that is defined by engaging in a broad possibility for sexual expression and experiences with self or others.

Sexual Physical Health

Sexuality is multidimensional and contains various components including physical, mental/psychological, sociocultural, and spiritual aspects (Woertman & Brink, 2012). Brem et al. (2019) found that the risk of relapse following SUD treatment is increased if compulsive sexual behaviors (CSB) are not addressed in treatment. Increased alcohol and drug use have been related to an increase in reported sex partners as well as an increase in human immunodeficiency virus (HIV) (Newville et al., 2018). Individuals with a history of substance use disorder are at increased risk of obtaining an STI or HIV (Jones et al., 2017; Newville et al., 2018). Rawat et al. (2021) conducted a qualitative research design in which they collected data through semi-structured interviews to determine the subjective experience of women with a history of substance use. Six themes emerged. The first theme was titled “failing to function” with three subthemes listed within including sleeplessness, reduced hygiene, and sexual functioning (Rawat et al., 2021). Researchers reported that the women either engaged in risky sexual behaviors or had reduced libido due to their substance use (Rawat et al., 2021). It is imperative for occupational therapists to address sex with SUD clients in order to establish/reestablish healthy ways for them to engage in sexual expression and experiences in the future.

In addition to sexual expression, it is within OTs scope of practice to address wellness associated with postpartum stage of motherhood for women in substance use recovery. A

randomized control trial collected data from 152 women in treatment from substance use disorder. Results showed that 80% of women who were abstinent in the last month of pregnancy relapsed to at least one substance (Forray et al., 2015). Sleep is also an influencer on postpartum depressive symptoms. Disturbed or poor sleep habits pose as a risk factor for developing postpartum depression (Okun et al., 2018; Solomonova et al., 2020). Zhoa and Zhang (2020) found that risk factors associated with postpartum depression included poor dietary habits, lack of social support, poor sleep, history of violence and abuse, cesarean section, depressive history, and negative birth experience. Sleep deprivation can exacerbate symptoms of post-partum depression (Pacheco & Vyas, 2020). Carter et al. (2019) found that exercise-based interventions could create an alternative therapeutic approach to preventing major depression in postpartum women.

The Occupational Therapy Practice Framework Fourth Edition (OTPF-4) (American Occupational Therapy Association, 2020), identified health management as an occupation that involves activities related to developing, managing, and maintaining health and wellness routines including self-management, with the goal of improving health to support participation in other occupations (AOTA, 2020). Within health management, occupations of social and emotional health promotion and maintenance, symptom and condition management, medication management, physical activity, and nutrition management are listed which directly involve ways to address postpartum depression, as well as other symptoms associated with SUD (AOTA, 2020).

Pelvic floor dysfunction (PFD) is associated with pelvic floor weakness (Rohilla & Tyagi, 2019). Symptoms of PFD can be divided into five categories, those being, lower urinary tract symptoms, bowel symptoms, sexual function, prolapse, and pain (Rohilla & Tyagi, 2019).

Johannessen et al. (2021) found that a moderate intensity exercise program including pelvic floor muscle training reduced the prevalence of urinary incontinence after three months postpartum. Rhonilla and Tyagi (2019) reported that one out of five women suffer from PFD and can decrease a woman's overall quality of life (QoL). Therefore, strengthening of pelvic floor muscles through moderate intensity exercise and lifestyle changes can increase the QoL for clients that experience pain or dysfunction

Mental Health

Mental health is a very important aspect when discussing sexual health and sexuality. Woertman and Brink (2012) reviewed empirical evidence from 57 studies and found that body issues can affect all domains of sexual functioning. Body image can be described as one's own perception of their body. Western culture has greatly impacted the ways in which women may view their physical appearance and result in women feeling badly about their weight and shape. Media influences including Facebook, Instagram, Twitter, TikTok, YouTube, and other media outlets often create avenues for women to compare themselves to models or unrealistic photoshopped images. Media models are often more than 20% underweight (Dittmar, 2007). The images often depict women's bodies to be slim-hipped, long-legged, large-breasted, and several inches taller than most women. Social media and exposure to image-related content may negatively impact a person's body image as well as food choices (Rounsefell et al., 2020).

Winter et al. (2017) found that negative body image is associated with adolescent substance use. Another study indicated that among young adults, substance use was correlated to lower body satisfaction as well as disordered eating (Perryman et al., 2018). Women are also more likely to experience lower body satisfaction in relation to substance use disorder (Perryman

et al., 2018). Overall, substance use is highly correlated to negative body image and can deeply impact how women view themselves as well as their sexuality.

In conjunction to negative body image, there has also been a significant correlation between a history of sexual trauma and substance use disorder among women. Sexual trauma can lead to individuals coping with their trauma through use of substances. A common model that provides an explanation for substance use in traumatized individuals suffering from post-traumatic stress disorder (PTSD) is the self-medication model. This model explains that victims use substances to cope with symptoms associated with PTSD (Ullman et al., 2009). Leibschutz et al. (2002) conducted a cross-sectional analysis from an inpatient detox unit. They found that out of 111 women participants, 89% experienced sexual and physical abuse prior to substance use disorder. Sexual trauma also can lead to PTSD making it difficult for these victims to engage in sexual activity in a healthy, meaningful way in their future if this is not addressed. PTSD and SUD are commonly comorbid (Oni et al., 2019). Perrin et al. (2013) found that sexual trauma has the highest risk of PTSD and also identified that women have twice the prevalence of PTSD when compared to men despite a similar likelihood of exposure in the two sexes. Substance use is also associated with risk of sexual revictimization (Ullman et al., 2009). Women who experience sexual assault both as a child and as an adult can experience greater PTSD symptoms as well as increased substance use compared to women who only experienced adult sexual assault (Ullman et al., 2009). Kristiansen et al. (2020) suggested that mothers with substance use disorder and who have experienced trauma in childhood have impairments in executive functioning and reflective functioning. Post-traumatic stress disorder and substance use disorder comorbidity is associated with greater functional impairments and an increase risk of relapse (Poppa et al., 2019).

Conclusion

Literature does support OTs involvement with SUD, however limited evidence exists. A scoping review completed by Leppard et al. (2018) findings suggested that there is an emerging but limited volume of literature describing the characteristics of women only substance use interventions and programs. There is also limited assessment measures for therapists to use regarding this specific population. There are gaps within literature and a need for increased knowledge and information regarding OT, SUD, and sexual health.

Overall, research regarding occupational therapists' involvement with addressing sexual health in the SUD population is limited and perhaps nonexistent. Through this literature review, articles published between 2000 through 2021 using OT Search, AJOT, CINAHL, Cochrane library and Clark Memorial Library database were examined with no results describing OT's involvement with sexual health and SUD. Further investigation is suggested within this area, as gaining knowledge can increase the impact occupational therapy can have on women by better defining a need for services and tailoring interventions to meet those needs.

Needs Assessment

Introduction

The purpose of this needs assessment was to further identify the needs regarding sexual health and wellness for women in substance use disorder (SUD) recovery. A needs assessment is vital to the program development process to identify the specific needs of the population (Scaffa & Reitz, 2020). To date there exists no literature that has suggested a need for or provided support for occupational therapy intervention with sexual health for women with substance use disorder.

Needs Assessment Objectives

1. To understand the unique sexual health needs of women in SUD recovery
2. To provide a solid foundation to build the program upon.

Description of Program – Input from faculty on this section.

The organization that contributed to the needs assessment is located in Scioto County, Ohio. The Stepping Stones Program is in partnership with The Counseling Center, a licensed behavioral and primary healthcare provider for mental health services, substance use disorder, physical health, and recovery housing (The Counseling Center, n.d.). The Stepping Stones program is a treatment facility for mothers who are seeking a substance-free lifestyle to have healthy babies and be better mothers (The Counseling Center, n.d.). Within this program, women are allowed to have their children, twelve years and younger, reside with them throughout the duration of their stay in treatment. The children go to a daycare facility located within treatment facility while the mothers are in services. The SSOP program is funded through the Ohio Department of Mental Health and Addiction Services (OHMHAS) (The Counseling Center, n.d.).

Identifying The Need

The needs assessment process can be viewed within three steps (Scaffa & Reitz, 2020). Step one is to describe the population. This involves gathering information to create a picture of the target population and the need (Scaffa & Reitz, 2020). Step two is to describe the environment which entails gathering information about the physical and social environment in that it relates to the target population (Scaffa & Reitz, 2020). Step three is the analysis of needs and priorities for intervention programming (Scaffa & Reitz, 2020). Utilization of these three steps were implemented to conduct the needs assessment for this Capstone project.

The informal need assessment was conducted over a seven-week period. There were a total of five informal interviews conducted with colleagues, which were (a nurse, an OT, etc…. not sure who all you got to speak with but identify their role . Each of these interviews were conducted face-to-face with the exception of one that took place over a scheduled zoom meeting.

Questions asked throughout the interview allowed for the individual to share their personal experiences regarding sexual health for women in recovery. The questions also allowed conversation for the individual to express their needs and concerns with what they see as a need to be addressed within the scope of sexual health for women with SUD.

Results

The following themes emerged to further be addressed in a sexual health and wellness program:

- safe sex practice
- education on sexually transmitted diseases
- postpartum care
- pelvic floor strengthening
- mental health aspects of sexuality
- self-esteem
- healthy boundaries in relationships
- communication skills with partner

Conclusion

Through clinical-based experiences, assessing colleagues' experiences, and examining existing literature from various academic journals, there is projected to be a significant need to

further address sexual health and wellness for women in recovery from substance use disorder. There appears to be a broad scope of individual topics that fall under the category of sexual health that must be included when analyzing the overall need and creating a program to address the concerns put forth thus far. There stands a wide gap in the services that are currently being provided compared to the services that need to be provided regarding sexual wellness. Sexual health should be discussed more across various healthcare professions in order to break the stigmas associated with sex and create a more conducive environment for clients to feel comfortable with sharing information.

Program Overview

Introduction

Sexuality is multidimensional and contains various components including physical, mental/psychological, sociocultural, and spiritual aspects (Woertman & Brink, 2012). This program further explores the physical and psychological components of sexual health. It is imperative for occupational therapists to evaluate both components when examining one's sexual health as it directly aligns with MOHO's value in the connection of mind and body. Module one explores the topics involved with the physical health aspects of sexual wellness that was identified through the needs assessment portion of the development of this manual. The topics include:

- Section I: Practicing safe sex
- Section II: Postpartum Care
- Section III: Pelvic Floor Strengthening

Module two discusses the mental health aspects associated with sexual health. The topics include:

- Section I: Positive body image
- Section II: Setting healthy boundaries
- Section III: Intimate social participation

The program is organized within the sections listed above. Each section provides the reader with literature supporting occupational therapy's role in addressing that section. It also provides information with how occupational therapists can use the information within the section in clinical practice and treatment planning. It should be noted that these are six separate section that should not be used in consecutive order within clinical practice unless it fits the needs of the client. It should also be noted that other sessions branching from the program manual is acceptable and should be considered with evidence to support.

Developmental and cultural needs were considered while creating the content and instructional methods for the sections and patient education material on sexual health and wellness. Universal design for learning was utilized throughout the content created within the sections in order to allow the client to have the most conducive and ease of engagement in the information presented. The words chosen for use in client-based discussion and information presented should be selected with purposeful intention to decrease any literacy barrier that may be present in the client. Visual aids should be utilized to create assistance with conceptualization of information and activities during the treatment sessions. One-to-one instructional methods should be used during sessions addressing sexual health. This allows for privacy as well as development of the therapeutic relationship to increase trust and communication between therapist and client. One-to-one instruction presents the information in a way that allows the learner to be an active participant, facilitates individualized learning, and is tailored to meet the specific needs and goals of the individual/learning objectives (Fitzgerald & Jacob, 2020).

Outcome Measure

The Canadian Occupational Performance Measure (COPM) is an outcome measure that was designed to depict a client's self-perception of performance in daily living and track the progress overtime (COPM, n.d.). It was developed in the early 1990s and is used by occupational therapist worldwide (COPM, n.d.). It supports client-centered, high quality, occupation-based practice. It is designed to be administered during the evaluation and assists in developing intervention goals as well as treatment planning. It should be re-administered at an appropriate time that gives the therapist and client a chance to work on established goals to provide an opportunity for the client to self-reflect and hopefully determine an increase in wellbeing during daily living. It should also be re-administered at the end of treatment to determine outcomes. The COPM is used to identify problem areas, provide a rating of the client's priorities, evaluate performance and satisfaction in identified problem areas, establish a basis for setting up goals, and measuring the change in a client's perception of performance and satisfaction over the course of OT intervention (COPM, n.d.). The COPM has been proven to be valid and reliable (Stuber & Nelson, 2010).

The COPM has been chosen as the outcome measure to use when conducting this program. The COPM is quick and easy to administer. Stuber and Nelson (2010) suggested, as a result of their study to determine the convergent validity for the COPM, that it takes therapists a median time of 17.5 minutes to administer. McNulty and Beplat (2008) found that with the use of the COPM, therapists were better able to identify more occupational performance problems. Wressle et al. (2002) found that through the use of the COPM, clients were more capable to recall goals and felt involved in goal setting. Due to the sensitive nature of the topic of sexual

health, it is vitally important for the client(s) to feel involved and ensure that client-centered care is on the forefront of goal setting and intervention planning.

Module I: Physical Health

Module one addresses the physical health aspects of sexual wellness. There are three sections within module one that include practicing safe sex, postpartum care, and pelvic floor strengthening. The sections are composed of overview of literature, intervention considerations, patient education materials, and activity examples.

Practicing Safe Sex

The first section within module one is practicing safe sex. Practicing safe sex is an important consideration when targeting outcomes of increasing a patient's overall sexual health. Safe sex is defined as sexual activity and sexual intercourse in which various measures (such as use of condoms or the practice of monogamy) are taken to avoid disease (such as AIDS) transmitted by sexual contact (Merriam-Webster, n.d.). Practicing safe sex merges with the profession of occupational therapy as clear evidence through the practice framework (AOTA, 2020). The American Occupational Therapy Association (AOTA) defines sexual activity as engaging in the broad possibilities for sexual expression and experiences with self or others (including hugging, kissing, foreplay, masturbation, oral sex, intercourse) (Occupational Therapy Practice Framework: Domain and Process Fourth Edition, 2020). Practicing safe sex also coincides with OT's practice within the substance use disorder (SUD) population. Increased alcohol and drug use have been related to an increase in reported sex partners as well as an increase in human immunodeficiency virus (HIV) (Newville et al., 2018).

HIV is a virus that attacks the body's immune system (Centers for Disease Control and Prevention [CDC], 2021). There is currently no cure of HIV. Most people contract HIV through

anal or vaginal sex, or by sharing needles or other drug injection equipment with a person who has HIV (CDC, 2021). HIV can also be passed from mother to child through pregnancy, childbirth, or breast-feeding (CDC, 2021). Once a person contracts HIV, they have it for life. HIV can be controlled with proper medical care (CDC, 2021).

It is imperative for occupational therapists to address practicing safe sex with SUD clients in order to establish/reestablish healthy ways for them to engage in sexual expression and experiences in the future. Intervention considerations for therapist to use in treatment sessions targeting safe sex practices includes education on the practice of monogamy and abstinences, condom use, information on sexually transmitted diseases (STDs)/sexually transmitted infections (STIs), and an activity example to demonstrate the spread of STDs/STIs.

Post-partum Care

Section two involves postpartum care. Postpartum care is another important topic to address with women in recovery from substance use disorder. Postpartum depression is depression that occurs after having a baby (CDC, 2020). Approximately one in eight women report symptoms of depression after giving birth. Fifty percent of women with postpartum depression go untreated. If left untreated, it can significantly impact women's health and may cause sleeping, eating, and behavioral problems for the baby and mother. Risk factors for postpartum depression include stressful life events, low social support, previous history of depression, family history of depression, preterm labor and delivery, pregnancy and birth complication, and having a baby who has been hospitalized (CDC, 2020). Nidey et al. (2020) found that women with a higher score on the Adverse Childhood Events screen (ACEs) scored higher on the Edinburgh Postnatal Depression scale compared to women who scored lower on

the ACE screen indicating that childhood trauma effects women's likelihood of developing postpartum depression.

Dennis and Vigod (2013) found that women with personal or partner substance use problems and/or past or current interpersonal violence are at an increased risk of developing postpartum depression. Healthy People 2030 is an organization that utilizes data to set national objectives in hopes to improve health and well-being over the next decade. Healthy People 2030 has included a total of 54 health objectives to address decreasing the number of substance use across the nation (Office of Disease Prevention and Health Promotion, n.d.). There presents a very high societal need for more involvement to address both substance misuse and treatment for postpartum depression.

It is within OTs scope of practice to address wellness associated with postpartum stage of motherhood for women in substance use recovery. Carter et al. (2019) found that exercise-based interventions could create an alternative therapeutic approach to preventing major depression in postpartum women. Sleep is also an influencer on postpartum depressive symptoms. Disturbed or poor sleep habits pose as a risk factor for developing postpartum depression (Okun et al., 2018; Solomonova et al., 2020). Zhoa and Zhang (2020) found that risk factors associated with postpartum depression include poor dietary habits, lack of social support, poor sleep, history of violence and abuse, cesarean section, depressive history, and negative birth experience. The Occupational Therapy Practice Framework Fourth Edition (OTPF-4) (AOTA, 2020) labels health management as an occupation. Health management involves activities related to developing, managing, and maintaining health and wellness routines including self-management, with the goal of improving health to support participation in other occupations (American Occupational Therapy Association, 2020). Within health management, occupations of social and

emotional health promotion and maintenance, symptom and condition management, medication management, physical activity, and nutrition management are listed which directly involve ways to address postpartum depression (American Occupational Therapy Association, 2020).

Intervention considerations within this section include education on symptoms of postpartum depression, eating healthy, use of food journal, physical exercise program, sleep hygiene education including safe sleep for infants. There is a handout within the program created by the author for therapists to utilize when providing patient education on postpartum depression. Occupational therapists can become creative in the development of treatment sessions. An example of this would be an occupational therapist going to a local grocery store with the client and assist them in selecting healthy foods for lactation production or improvements in physical/mental health. The therapist can also use this session to address buying healthy foods on a budget. Another example of a treatment session would include the occupational therapist educating and demonstrating light postpartum exercise program including core and pelvic strengthening for the client to complete as part of their daily routine.

Pelvic Floor Dysfunction

Section three involves pelvic floor strengthening. Pelvic floor dysfunction (PFD) is associated with pelvic floor weakness (Rohilla & Tyagi, 2019). Symptoms of PFD can be divided into five categories; those being, lower urinary tract symptoms, bowel symptoms, sexual function, prolapse, and pain (Rohilla & Tyagi, 2019). Johannessen et al. (2021) found that a moderate intensity exercise program including pelvic floor muscle training reduced the prevalence of urinary incontinence after three months postpartum. PFD in women can be significant, as one out of five women suffer from pelvic floor dysfunction (Rhonilla & Tyagi, 2019). Pelvic floor dysfunction also can decrease women's overall quality of life (QoL)

(Rhonilla & Tyagi, 2019). Therefore, strengthening of pelvic floor muscles can increase the QoL for clients experiencing this dysfunction.

Intervention considerations within this section includes client education of anatomy of the pelvic floor muscles. There is a handout made by the author depicting various pelvic floor exercises including squat, bridge, split tabletop, and bird dog poses. Therapists should use a yoga mat or have a safe, comfortable place to demonstrate and have the client practice each exercise. Each therapist should create an exercise routine for the client to add to their daily living schedule in order to improve their pelvic floor and decrease discomfort or dysfunction relating to sexual health or urinary incontinence. Therapists should ensure that their client has no medial restrictions relating to their abilities to exercise.

Module II: Mental Health

Mental health is an important aspect when discussing sexual health and sexuality. Within module two there are three sections. Those three sections include positive body image, setting healthy boundaries, and intimate social participation.

Positive Body Image

Section one is composed of positive body image. Woertman and Brink (2012) reviewed empirical evidence from 57 studies and found that body issues can affect all domains of sexual functioning. Body image can be described as one's own perception of their body. Western culture has greatly impacted the ways in which women may view their physical appearance and result in women feeling badly about their weight and shape. Media influences including Facebook, Instagram, Twitter, TikTok, YouTube, and other media outlets often create avenues for women to compare themselves to models or unrealistic photo shopped images. Media models are often more than 20% underweight (Dittmar, 2007). The images often depict women's bodies

to be slim-hipped, long-legged, large-breasted, and several inches taller than most women. Social media and exposure to image-related content may negatively impact a person's body image as well as food choices (Rounsefell et al., 2020).

Winter et al. (2017) found that negative body image is associated with adolescent substance use. Another study indicated that among young adults, substance use was correlated to lower body satisfaction as well as disordered eating (Perryman et al., 2018). Women are also more likely to experience lower body satisfaction in relation to substance use disorder (Perryman et al., 2018).

Intervention considerations within this section include the creation and use of positive affirmations, thought maps, journaling, and yoga. Yoga has shown to improve self-care, coping, and self-esteem for women in recovery from substance use disorder (Gorvine et al., 2021).

Healthy Boundaries

Section two addressing setting healthy boundaries. A problem area that was identified during the needs assessment of this program manual include the difficulties women in recovery may have with setting healthy boundaries within their relationships, including their sexual partners. Communication one, LISW-S, stated that she often works with women who reported a history of no established boundaries within their relationships. She also stated that many times these women have no knowledge or confidence when it comes to establishing healthy boundaries, in particularly when it comes to sexual experiences. She reported that there are many times when women with SUD have been in relationships during active addiction, their partners may have been physically, emotionally, or sexually abusive leaving them with distorted views of how a healthy relationship should be conducted (personal communication, April 5, 2021). Due to this, it is very important to ensure that they are equipped to set healthy boundaries in order to

decrease their chance of relapse from occurring and increase their abilities to sustain healthy relationships.

Intervention considerations for setting healthy boundaries include journaling, creation of boundary art, establishment of specific boundaries, and use of patient education material regarding how to set healthy boundaries.

Intimate Social Participation

The final section within module two is section three, intimate social participation. The Occupational Therapy Practice Framework: Domain and Process Fourth Edition outlines intimate social participation as engaging in activities to initiate and maintain a close relationship, including giving and receiving affection and interacting in desired roles. Intimate partners may or may not engage in sexual activity (American Occupational Therapy Association, 2020). During the needs assessment, communicator two, CDCA, QMHS, and counselor for women in recovery is a key stakeholder, reported that she has had many clients in the past struggle with social interactions when it comes to partners and intimacy. She stated that many times these women grew up in homes with negative examples of communication and partnership resulting in that individual developing the same dysfunctional thinking and conception of negatives relationships. She reported that there persists a gap in professionals addressing simple communication skills, which is vital for their success in sobriety and success with healthy intimate relationships (personal communication, March 18, 2021).

Intervention considerations within this section include journaling, role-play communication interactions with partners, education on communication skills, and the use of patient education material.

Discussion

The review of current literature and conduction of the needs assessment set the foundation to build a comprehensive program for occupational therapists to address sexual health with women in recovery from substance use disorder. The program incorporates evidence-based information to equip occupational therapists with knowledge and skills to address sexual health. The program directly aligns with literature and fulfills a gap that currently exists within the profession of occupational therapy. The program meets the needs that were identified through the needs assessment in addressing both physical and mental health aspects of sex. The program provides a framework for therapists to guide evaluation and treatment using evidence-based practice with client-centered goals. It contributes to the growing body of literate to support occupational therapy's role in addressing sexual dysfunction for women in recovery. The program should be significantly considered to improve women's ability to engage in sexual activity in a healthy and meaningful way as well as decrease their chance of relapse from occurring in the future.

Strengths

The strengths of this Capstone project include an in-depth and thorough review of literature and informal needs assessment. The program manual was composed with the continuous review and critique of an entire therapy team including the director of therapy and three certified occupational therapists. Other key stakeholders were individuals that work directly with women in substance use disorder recovery who gave much insight and knowledge to contribute to the information that was provided within the manual. The medical director and clinical director of a community health center also provided support by providing feedback and resources for funds to contribute to the program.

Limitations

Limitations of the program manual includes limited literature in regards to the profession of occupational therapy directly addressing sexual health with those in recovery. Other limitations include subjective clinical experiences from the author could have impacted the decisions of including each module/section within the manual.

Implications for Practice

This program will be the first of its kind to provide other occupational therapists with resources and references to use clinically when addressing sexual health in recovery. It should be noted the six sections within the program manual do not have be used in consecutive order unless it fits the needs of the client. An occupational profile and use of information from the evaluation should determine which section(s) the therapist should utilize with the client. The program will assist occupational therapist with increasing their clinical skills and confidence when addressing sexual health. It will also make an impact in women's lives as they maintain and/or develop new life skills pertaining to their sexual health and intimate relationships. The program will help an a societal level in hopes to increase the wellbeing of client's lives and decrease their chance of relapse from occurring in the future.

Future Projects/Research

Future projects/research should build upon this program manual. Researchers should collect data retrieved from the Canadian Occupational Performance Measure as well as qualitative feedback from clients. Future research should consider establishing quantitative data to strengthen the quality and clinical results of the sexual health and wellness program. The author of the program will begin implementation of the program with future program evaluation to follow in order to determine the effectiveness of the program. There is potential for collaboration between occupational therapists conducting the program with graduate students to

further conduct both quantitative and qualitative research to increase the effectiveness of the program.

Conclusion

There is an astronomical need for sexual health to be more widely addressed as an essential domain for occupational therapy practitioners to include while performing an evaluation on individuals in recovery from substance use disorder. Overall, this program manual equips other occupational therapists in addressing a vitally important topic of sexual health with women in recovery from substance use disorder. This program manual should be used as a guide to assist in evaluation and treatment considerations. Each therapist should consider the occupational profile as well as cultural and contextual factors of each client in conjunction with the information and intervention considerations outlined within this manual. It is the hopes of this author that this program manual assists with closing the literature gap that currently exists with sexual health and wellness for women in recovery from substance use disorder.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. https://doi. org/10.5014/ajot.2020.74S2001

American Occupational Therapy Association. (n.d.). *Recovery with purpose: Occupational therapy and drug and alcohol abuse.* Retrieved from http://www.aota.org/About-Occupational-Therapy/Professionals/MH/Articles/RecoveryWithPurpose.aspx.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Brem, M. J., Shorey, R. C., Anderson, S., & Stuart, G. L. (2019). Exploring gender differences in the relationship between dispositional mindfulness and compulsive sexual behavior among adults in residential substance use treatment. *Mindfulness*, *10*(8), 1592–1602. https://doi-org.proxy01.shawnee.edu/10.1007/s12671-019-01117-7

Carter, T., Bastounis, A., Guo, B., & Jane Morrell, C. (2019). The effectiveness of exercise-based interventions for preventing or treating postpartum depression: A systematic review and meta-analysis. *Archives of Women's Mental Health*, *22*(1), 37–53.

Centers for Disease Control and Prevention. (2021). About HIV. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html

Center for Disease Control and Prevention. (2020). *Reproductive health: Depression among women.* https://www.cdc.gov/reproductivehealth/depression/index.htm#Postpartum

Centers for Disease Control and Prevention. (2021). Sexually Transmitted Diseases (STDs). Retrieved from https://www.cdc.gov/std/prevention/screeningreccs.htm

Centers for Disease Control and Prevention. (2021). Sexually transmitted disease surveillance 2019. Retrieved from https://www.cdc.gov/std/statistics/2019/announcement.htm

COPM. (n.d.). *The COPM is an individualized, client-centered outcome measure.* The Canadian Occupational Performance Measure. Retrieved October 23, 2020 from http://www.thecopm.ca

Dennis, C.-L., & Vigod, S. (2013). The relationship between postpartum depression, domestic violence, childhood violence, and substance use: Epidemiologic study of a large community sample. *Violence Against Women*, *19*(4), 503–517.

Dittmar, H. (2007). The cost of consumer culture and the "cage within": The impact of the material "good life" and "body perfect" ideals on individual identity and well-being. *Psychological Inquiry*, *18*, 23-59.

Forray, A., Merry, B., Lin, H., Ruger, J., and Wonkers, K. (2015). Perinatal substance use: A prospective evaluation of abstinence and relapse. *Drug Alcohol Depend, 150,* 147-155. https://doi.org/10.1016/j.drugalcdep.2015.02.027

Kielhofner, G. (2002). *Model of Human Occupation: Theory and application* (Third edition). Lippincott Williams &Wilkins.

Kristiansen, V. R., Handeland, T. B., Lau, B., Søderstrøm, K., Håkansson, U., & Øie, M. G. (2020). Trauma in childhood and adolescence and impaired executive functions are associated with uncertain reflective functioning in mothers with substance use disorder. *Addictive Behaviors Reports, 11*.

Leppard, A., Ramsey, M., Duncan, A., Malachowski, C., & Davis, J. (2018). Interventions for women with substance abuse issues: A scoping review. *American Journal of Occupational Therapy, 72*(2).

Leibschutz, J., Savetsky, J. B., Saitz, R., Horton, N. J., Lloyd-Travaglini, C., & Samet, J. H. (2002). The relationship between sexual and physical abuse and substance abuse consequences. *Journal of Substance Abuse Treatment*, *22*(3), 121–128.

Martin, L., Triscari, R., Boisvert, R., Hipp, K., Gersten, J., West, R., Kisling, E., Donham, A., Kollar, N., & Escobar, P. (2015). Development and evaluation of the Lifestyle History Questionnaire (LHQ) for people entering treatment for substance addictions. *American Journal of Occupational Therapy, 69*(3).

McNulty, M. C., & Beplat, A. L. (2008). The validity of using the canadian occupational performance measure with older adults with and without depressive symptoms. *Physical & Occupational Therapy in Geriatrics*, *27*(1), 1–15.

Merriam-Webster. (n.d.). Abstinence. In *Merriam-Webster.com dictionary*. Retrieved October 5, 2021, from https://www.merriam-webster.com/dictionary/safe%20sex

Merriam-Webster. (n.d.). Monogamy. In *Merriam-Webster.com dictionary*. Retrieved October 5, 2021, from https://www.merriam-webster.com/dictionary/safe%20sex

Merriam-Webster. (n.d.). Safe sex. In *Merriam-Webster.com dictionary*. Retrieved September 12, 2021, from https://www.merriam-webster.com/dictionary/safe%20sex

National Institute on Drug Abuse. (2017). *Costs of Substance Use.* *https://www.drugabuse.gov/drug-topics/trends-statistics/costs-substance-abuse*

National Institute on Drug Abuse. (2018). *Comorbidity: Substance use and other mental disorders.* https://www.drugabuse.gov/drug-topics/trends-statistics/infographics/comorbidity-substance-use-other-mental-disorders

National Institute on Drug Abuse. (2020). Overdose death rates. https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates

National Institute on Drug Abuse. (2021). COVID-19 & substance use. https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use

Newville, H., Sorensen, J. L., Hathc-Maillette, M., & Calsyn, D. A. (2018). Temporal relationship of sex risk behaviors and substance use severity among men in substance use treatment. *Journal of Sex Research, 55*(8), 1056.

Nidey, N., Bowers, K., Ammerman, R. T., Shah, A. N., Phelan, K. J., Clark, M. J., Van Ginkel, J. B., & Folger, A. T. (2020). Combinations of adverse childhood events and risk of postpartum depression among mothers enrolled in a home visiting program. *Annals of Epidemiology*, *52*, 26–34.

Ohio Department of Mental Health and Addiction Services. (2018). 2018 Ohio MHAS annual report. Retreived from http://spark.adobe.come/page/zkP6u3LYJyZKj/

Office of Disease Prevention and Health Promotion. (n.d.). Reduce drug overdose deaths – SU-03. *Healthy People 2030.* https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-drug-overdose-deaths-su-03

Okun, M., Mancuso, R., Hobel, C., Schetter, C., & Coussons-Read, M. (2018). Poor sleep quality increases symptoms of depression and anxiety in postpartum women. *Journal of Behavioral Medicine (41)*5.

Oni, O., Glynn, T. R., Antoni, M. H., Jemison, D., Rodriguez, A., Sharkey, M., Salinas, J., Stevenson, M., & Carrico, A. W. (2019). Post-traumatic stress disorder, cocaine use, and HIV persistence. *International Journal of Behavioral Medicine, 26*(5), 542–550.

Pacheco, D & Vyas, N. (2020). *Sleep deprivation and postpartum depression.* Sleep Foundation. https://www.sleepfoundation.org/pregnancy/sleep-deprivation-and-postpartum-depression

Perrin, M., Vandeleur, C. L., Castelao, E., Rothen, S., Glaus, J., Vollenweider, P., & Preisig, M. (2014). Determinants of the development of post-traumatic stress disorder, in the general population. *Social Psychiatry and Psychiatric Epidemiology*, *49*(3), 447–457.

Perryman, M., Barnard, M., & Reysen, R. (2018). College students' disordered eating, substance use, and body satisfaction. *College Student Journal*, *52*(4), 516–522.

Poppa, T., Droutman, V., Amaro, H., Black, D., Arnaudova, I., & Monterosso, J. (2019). Sexual trauma history is associated with reduced orbitofrontal network strength in substance-dependent women. *NeuroImage: Clinical*, *24*.

Rawat, H., Petzer, S., & Gurayah, T. (2021). Effects of substance use disorder on women's roles and occupational participation. *South African Journal of Occupational Therapy, 51*(1), 54-62.

Rohilla, M., & Shakun Tyag. (2020). Prevalence of pelvic floor dysfunction in postpartum women. *Indian Obstetrics & Gynaecology*, *10*(2), 13–17.

Rounsefell, K., Gibson, S., McLean, S., Blair, M., Molenaar, A., Brennan, L., Truby, H., & McCaffrey, T. A. (2020). Social media, body image and food choices in healthy young adults: A mixed methods systematic review. *Nutrition & Dietetics*, *77*(1), 19–40. https://doi-org.proxy01.shawnee.edu/10.1111/1747-0080.12581

Scaffa M. & Reitz, S. (2020). *Occupational Therapy in Community and Population Health Practice: Third Edition.* F.A. David Company.

Solomonova, E., MacKinnon, A. L., Gold, I., Robins, S., Wunderlich, S., Feeley, N., Hayton, B., Libman, E., & Zelkowitz, P. (2020). Disordered sleep is related to delusional ideation and depression during the perinatal period. *Sleep Health: Journal of the National Sleep Foundation*, *6*(2), 179–184.

Stoffel, V. & Moyers, P. (2004). An evidence-based and occupational perspective of interventions for persons with substance-use disorders. *American Journal of Occupational Therapy, 58*, 570-586.

Stuber, C. J., & Nelson, D. L. (2010). Convergent validity of three occupational self-assessments. *Physical & Occupational Therapy in Geriatrics*, *28*(1), 13

Substance Abuse and Mental Health Services Administration. (2018). *2018 national survey on drug use and health (NSDUH) releases.* https://www.samhsa.gov/data/release/2018-national-survey-drug-use-and-health-nsduh-releases

The Counseling Center. (n.d.). *The Stepping Stones Program.* https://thecounselingcenter.org/programs/stepping-stones/

Ullman, S. E., Najdowski, C. J., & Filipas, H. H. (2009). Child sexual abuse, post-traumatic stress disorder, and substance use: Predictors of revictimization in adult sexual assault survivors. *Journal of Child Sexual Abuse*, *18*(4), 367–385.

U.S. Department of Health and Human Services. (2014). *Healthy People 2020.* Retrieved from http://www.healthypeople.gov/2020/leading-health-indicaators/2020-lhi-topics/Substance

Wasmuth, S., Pritchard, K., & Kaneshiro, K. (2016). Occupation-based intervention for addictive disorders: A systematic review. *Journal of Substance Abuse Treatment,* 621-629.

Winter, V. (2017). Adolescent tobacco and alcohol use: The influence of body image. *Journal of Child & Adolescent Substance Abuse, (26)*3, 219-228.

Woertman, L., & van den Brink, F. (2012). Body image and female sexual functioning and behavior: A Review. *Journal of Sex Research, 49*(2/3), 184–211. https://doi-org.proxy01.shawnee.edu/10.1080/00224499.2012.658586

Zhao, X., & Zhang, Z. (2020). Risk factors for postpartum depression: An evidence-based systematic review of systematic reviews and meta-analyses. *Asian Journal of Psychiatry, 53*.