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Occupational Therapy in Prisons

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Introduction

Overcrowding and rates of recidivism, or re-admittance into prison are a serious issue in the United States prison systems. Within these systems, there are approximately 1.4 million people incarcerated throughout all 50 states (Bureau of Justice Statistics, 2018). U.S. taxpayers fund prisons, costing nearly $39 billion, and exceeding the national corrections budget by approximately $5.9 billion per fiscal year (Vera Institute of Justice, 2012). This total cost can be broken down state by state with the lowest per-inmate cost at $14,603 in Kentucky and the highest cost at $60,076 in New York (Vera Institute of Justice, 2012). Overall, the average annual total cost per incarcerated individual is $31,286 (Lundahl, Junz, Brownell, Harris, & Van Vleet, 2009). This total has increased 700% since 1970 and correlates with an increase in the overall number of incarcerated individuals (Henrichson & Delaney, 2012). In 30 states, about three-quarters (76.6%) of individuals who were previously incarcerated were arrested within five years after their release date (Durose, Cooper, & Snyder, 2014). Due to high rates of recidivism, it would cost taxpayers more money, with the potential to follow the same rapidly increasing trend.

Furthermore, recidivism contributes to incarcerated individuals being in a state of occupational deprivation. Occupational deprivation is an individual's loss of ability to engage in occupations of necessity and choice (Whiteford, 2010). Occupational deprivation leads to a reduction in the overall well-being of an individual and can contribute to the development of psychological and physical illness (Occupational Therapy Australia, 2016). Engagement in occupations that are meaningful and of one's choosing are addressed through occupational therapy. Occupational therapy focuses on engagement in meaningful participation to promote health and wellness both individually and collectively. Occupational therapists work with

individuals and groups to facilitate meaningful participation in the activities of everyday life (Occupational Therapy Australia, 2016). Occupational therapy principles stress the importance of every individual having the skills and abilities to engage in activities. Through incarceration, individuals lose their civil liberties which directly impact occupational engagement within society.

Literature Review

Incarcerated individuals face a variety of challenges that affect their ability to become productive members of society once they leave confinement (Collier, 2014). According to Duwe & Clark (2014), individuals who participate in prison educational programs experience reduced rates of recidivism. Additionally, these programs may increase employment opportunities for incarcerated individuals, allowing states to increase tax revenues (Duwe & Clark, 2014). Through participation in educational programs, incarcerated individuals and society could experience many benefits.

The Michigan Department of Corrections offers several educational programs for incarcerated individuals to provide academic, technical, and workplace skills in preparation for release. Individuals transitioning from incarceration back into the community require skills beyond what these programs offer (Bureau of Justice Statistics, n.d.). Introducing these skills to promote successful re-entry, or life outside of prison, may decrease the epidemic of recidivism. Through occupational therapy, engagement in occupation-based programs can be provided for incarcerated individuals. These modules will be directed by an occupational therapist with an emphasis on achieving health, well-being, and participation in life.

Occupational therapy evaluates an individual's education, social participation, activities of daily living, work, performance patterns, performance skills, and client factors (American

Occupational Therapy Association, 2014). This method of rehabilitation incorporates the holistic treatment of individuals by considering variables such as context and environment, along with the personal considerations made for the incarcerated individual. Currently, the department of occupational therapy at Indiana University is evaluating a prison occupational therapy informal education program (Crabtree, Ohm, Wall, & Ray, 2016). Indiana University's program is designed to help incarcerated individuals who have been in prison for at least 10 years have a successful transition to living in the community.

Based on the studies completed by other occupational therapy programs, program leaders at Grand Valley State University (GVSU), the educational institution of the authors, are implementing a level one occupational therapy fieldwork placement at the Muskegon Correctional Facility, a prison located in Muskegon, Michigan. Previous studies based on the methods of educational programs have provided incarcerated individuals with the skills necessary for parenting, maintaining social relationships, communication, and anger management. Ultimately these factors may impact community reintegration, community participation, and the success of parole (Crabtree, Ohm, Wall, & Ray, 2016). Due to overpopulation and a shortage of staff in the U.S. prison system, skills that will be learned by individuals in this program are often omitted during the preparation of reintegration into the community. However, occupational therapists are trained to provide education on various life skills, such as the specific skills that have been the focus of previous studies using educational programming. The development of modules to foster these social skills could better prepare incarcerated individuals for successful re-entry.

Aforementioned, the social skills of incarcerated individuals are often underdeveloped for release into the community. According to Tangney, Mashek, and Stuwig (2007b), much of the

research on adult incarcerated individuals has not addressed internal psychological factors such as moral emotion, cognition, the perception of community, and relation to significant others. These psychological factors likely serve as the "mechanisms of action" behind criminal recidivism. To elaborate, moral emotion includes feelings of shame, guilt, and embarrassment. The presence of shame-free guilt was found to motivate individuals to avoid risky and illegal behavior (Tangney, Mashek, & Stuewig, 2007a). Designing interventions tailored towards these inefficiencies may promote a successful re-entry to the community (Tangney, Mashek, & Stuwing, 2007b). Implementing modules designed to address these issues may not only facilitate successful re-entry into the community but also prevent occupational deprivation and promote wellness within this population.

Common Characteristics of Incarcerated Individuals

It is estimated that over half of incarcerated individuals have a recent history or symptoms of mental illness and do not receive the adequate treatment during the period that they are incarcerated (Farnworth & Muñoz, 2009). Through occupational therapy intervention, incarcerated individuals can improve mood, reduce aggressive episodes, and improve overall functioning (Tan, Kumar, & Devaraj, 2015). Failure to treat people with mental illness in the community has been an implicated cause of criminalization (Wolff, Diamond, & Helminiak, 1997). Incarcerated individuals exhibit diagnoses including psychotic disorders, anxiety disorders, emotional disorders, and substance abuse disorders (Tan, Kumar, & Devaraj, 2015). Substance use disorder decreases functional living before, during, and after incarceration which, in turn, affects reintegration into society (Hartwell, 2004). Due to societal stigma, incarcerated individuals encounter barriers to receiving necessary treatment, leading to further separation from the community (Hartwell, 2004).

In addition, individuals who experience substance use disorder, mental illness, and have histories of trauma are more likely to experience homelessness (Greenberg & Rosenheck, 2008). Moreover, incarceration is likely to increase the risk of homelessness due to the loss of tenancy, authority, private rental agreements, and the diminishment of family and social relationships (Mairead, 2006). Many incarcerated individuals released from prison each year experience a combination of social and economic challenges that impede the ability to successfully reintegrate into the community, leading to residential instability (Lutze, Rosky, & Hamilton, 2014). Through educational programs, incarcerated individuals can be better prepared for community reentry, thus minimizing the chance for recidivism.

Relevance to Occupational Therapy

Incarcerated individuals generally lack autonomy and opportunities to engage in occupations which are activities that are done in everyday life. Within the criminal justice system, the main goal is not rehabilitation of incarcerated individuals; it is to obtain security and order within the prison setting (Muñoz, Farnworth, & Dieleman, 2016). As the population of incarcerated individuals continues to grow, the criminal justice system experiences overcrowding in facilities resulting in social disconnectedness from the community and a lack in reintegration support (Muñoz, Farnworth, & Dieleman, 2016). As a result, the population of incarcerated individuals who have special needs (i.e., a previous history of psychiatric illness or moderate intellectual disability) does not receive adequate treatment (Muñoz, Farnworth, & Dieleman, 2016).

In correctional settings, there have been limitations and absence of meaningful activities, resulting in poorer community reintegration post-release (Tan, Kumar, & Devaraj, 2015). Through the use of occupational therapy, incarcerated individuals can experience increased

opportunities to be productive and learn new ways to contribute to society, while engaging in meaningful occupations. Occupational therapy can be used as a medium that is meaningful and productive, where people can choose the occupations in which they engage to maintain autonomy in physical, social, and mental wellness (Farnworth & Muñoz, 2009).

Previous studies. In the prison system, there have been documented success stories about the use of occupational therapy programs. Educational programs are used to give incarcerated individuals an opportunity to learn ways to manage life and focus on addressing individual reflection on engagement in activities (Baum, MacDougall, & Smith, 2006). Incarcerated individuals are given opportunities to demonstrate life roles such as community member, family member, employee, and social participant (Provident & Joyce-Gaguzis, 2005). In these programs, occupational therapists address the negative impact that incarceration can have on occupations through the use of therapeutic interventions to support successful reintegration into the community (Farnworth & Muñoz, 2009).

Model. This research is based on the occupational empowerment model. The occupational empowerment model focuses on empowering individuals to overcome learned maladaptive habits and unhealthy behaviors which resulted from marginalization (Fisher & Hotchkiss, 2008). Marginalized individuals are those who live secondary to or on the outside of a society; often leading to their inability to take advantage of the social and economic opportunities around them (Fisher & Hotchkiss, 2008). Individuals who experience this marginalization may develop occupational deprivation and learned helplessness due to their surrounding disempowering environment (Fisher & Hotchkiss, 2008). Over extended periods of time, the negative implications of one's environmental circumstances tend to result in a decreased ability to function in meaningful occupations (Bradbury, 2015). Despite these

functional limitations, occupational therapy can help equip individuals with tools and skills to succeed in their community and reduce the likelihood of recidivism (Bradbury, 2015). Through occupational empowerment, occupational therapy practitioners can help individuals develop a more positive self-identity and healthy occupational change (Fisher & Hotchkiss, 2008). Extreme marginalization is frequently associated with populations involving addiction and other mental health disorders, along with arrest, imprisonment, and parole (Kreek, 2011). The most marginalized of these populations include individuals who are imprisoned for nonviolent and violent crimes (Kreek, 2011). Therefore, researchers have chosen to go forth with the occupational empowerment model as a way to support and empower incarcerated individuals before they re-enter the community.

Methods

The purpose of this research study was to understand the needs of incarcerated individuals upon their release into the community. The identified needs will be used to inform program development within the prison system. The process of program development includes conducting a needs assessment, program planning, program implementation, and program evaluation (Braveman, Suarez-Balcazar, Kielhofner & Taylor, 2017). This research project addressed the needs assessment and considered future initiatives for program development. This qualitative research approach included identifying client-centered topics based on the needs of previously incarcerated individuals in order to design education-based modules. Data was collected through the transcription and theming of two documentaries following the lives of previously incarcerated individuals. The documentaries, *Released* (Messina, 2013) and *Prison State* (Public Broadcasting Service, 2014) were chosen to better understand the lived perspectives of incarcerated individuals. The transcriptions were analyzed using thematic

analysis, which determined recognizable recurring topics, ideas, or patterns that occurred within

the data obtained (Hawkins, 2017).

Sample

The two video documentaries were obtained through GVSU's library database. When

selecting documentaries, the researchers referenced the liaison librarian, a staff member at

GVSU, and provided her with the research inclusion criteria. Inclusion criteria included

documentaries that followed the lives of incarcerated individuals during their prison sentence and

during their transition back into the community. The liaison librarian provided the researchers

with a list of documentaries that met the inclusion criteria for the study. After reviewing the

summaries of each documentary on the list, each researcher chose one to analyze. Furthermore,

the researchers independently prepared a summary report of their chosen documentary for the

other group members to analyze. After analyzing each group member's report, the researchers

then agreed upon three documentaries, and each group member watched one documentary that

they had not previously. This led to two final choices after a collaborative discussion about the

best options. It was determined that the two best video documentary options to use for

conducting the research were *Released* and *Prison State.*

 Data Analysis

Qualitative data analysis requires the elements of trustworthiness. Trustworthiness refers

to how accurately the data, methods, and interpretation of the study support the research

question, impacting the overall quality of the study (Connelly, 2016). There are four areas of

trustworthiness, two of which were addressed in this study. Confirmability is the ability for the

results that were found in the study to be replicated if the same process was to be performed

another time, establishing an overall consistency (Connelly, 2016). Credibility is determined by

how truthful the overall findings of the study are (Connelly, 2016). This research addressed trustworthiness by establishing confirmability and credibility.

Confirmability. To ensure the accuracy of the transcription process, the documentaries were transcribed using an external source of support. This external support was composed of four GVSU undergraduate students in the Pre-Occupational Therapy Club who were involved in the transcription process. To increase the validity of this study, researchers each paired up with a pre-occupational therapy student to provide assistance through the transcription process, totaling eight transcribers assisting with the research. The documentaries were then evenly divided into eight 20 minute sections and distributed between the transcribers resulting in one section per transcriber. Interrater reliability was established through redundant coding in which two transcribers coded three minutes of the same part of a documentary passage to compare their results. This transcribing process of the documentaries ensured the information provided by the subjects were verbatim to each subject's response. This process allowed the researchers to theme content accurately based on factual data from the documentaries (Lysack, Luborsky, Dillaway & Taylor, 2017). After the compilation of each documentary transcription, the researchers individually identified themes and coded results using an axial coding technique. Axial coding involves relating data together in order to review codes, themes, and subthemes within the transcribed sample (Allen, 2017). Within the axial coding process, researchers independently identified codes and collaboratively created accurate categories and subcategories.

Credibility. The researchers transcribed the documentaries and identified the lived experiences that previously incarcerated individuals faced when re-integrating back into the community. The data analyzed from the documentaries included recurring topics and common trends discussed by the subjects. Researchers utilized triangulation during peer debriefing by

comparing transcription notes from the data collected after individual theming was completed.

Peer debriefing allowed the researchers to acknowledge disagreements during the data review

and compromise on the common themes (Lysack, Luborsky, Dillaway & Taylor, 2017). The

researchers' qualitative analysis review of the documentary transcripts provided an

understanding of each subject's experiences. A qualitative analysis approach preserved the

subjects' voices and the context surrounding their perspectives (Dillaway, Lysack, Luborsky &

Taylor, 2017).

Results

The two chosen documentaries used for data collection were *Released* and *Prison State.*

Three common themes were identified after the processes of transcribing, coding, and theming

the qualitative data from the documentary transcripts. The themes identified from the transcripts

contributed to the impact of previously incarcerated individuals' reintegration into the

community. The researchers identified three themes from the data analysis: systematic failure,

drug culture, and prison culture. Within these themes, several subthemes emerged that were also

relevant to research findings. All quoted material from the transcribed data will be presented in

this format: (Title of Documentary, Line #).

Systematic Failure

One main theme identified during data analysis was systematic failure, the inability of the

criminal justice system to prepare individuals for reintegration leading to recurring and

increasing rates of recidivism. Systematic failure was expressed throughout the transcripts from

both documentaries, and it was a collaborative theme identified by all researchers during the

independent theming experience. It was identified as a primary concern or a contributor to

recidivism for many of the interviewees. This identified theme has subthemes that have tied into the overall effect of systematic failure.

Mental Health. The analysis from both documentaries identified mental health as a contributing factor in the patterns of systematic failure. Based on information shared by the subjects, researchers identified several patterns related to mental health including mental illness, emotional regulation, and lack of mental health support.

Mental Illness. Various subjects frequently discussed mental illness as one contributing factor to their overall mental health. For instance, some subjects reported diagnoses including schizophrenia, bipolar disorder, and attention deficit hyperactivity disorder (ADHD). One subject stated, "for the child, it fills them with a lot of anger. Which causes a whole lot of problems as they get older. [subject] was diagnosed with bipolar disorder and ADHD" (Prison State, Line 78-86). Another subject discussed their traumatic experience in the Vietnam War, "That's when I first started doing drugs, started drinking, was in Vietnam… it seemed like it made it easier, you know, to get through it. I've seen a lot of killing and stuff. It was rough" (Prison State, Line 147-150).

Emotional Regulation. In addition to coping with mental illness throughout the incarceration process, many subjects identified difficulties with emotional regulation. One subject stated, "I just got a short temper. It's like my anger be taking over" (Prison State, Line 170). Another subject shared that their emotions often lead to violence, "kids pick on you… I solved a lot of that by violence. It was less stressful than dealing with shame" (Released, Line 92-96). In another documentary passage, the subject discussed thoughts of suicide:

P9: "Have you ever attempted suicide or caused harm to yourself?"

P6: "Yeah."

P9: "Do you have a history of violent behavior?"

P6: "Yeah."

P9: "On a scale of 1-10, how sad are you?"

P6: "10."

P9: "On a scale of 1-10, how mad are you?"

P6: "10."

(Prison State, Line 477-488).

The accounts shared by individuals who have experienced incarceration show how difficult it can be for one to regulate their emotions in a healthy way through significant life transitions. Therefore, an increase in emotional and mental health support is necessary.

Mental Health Support. Subjects shared throughout the documentaries the lack of mental health support - during and after incarceration. One subject discussed lack of motivation during incarceration, "There is nothing in this prison atmosphere that makes you want to change (crying). This place can't motivate you, it's a very negative atmosphere" (Released, Line 444-445). Another subject shared about lack of emotional and mental health support after incarceration, "You want to be the man you want to be, but the world won't let you. That's why recidivism is so high. Most people go back to jail because they get frustrated" (Released, Line 623-625). On the other hand, one subject explained how mental health supports can have a positive impact on life after incarceration, "Nobody judged me... They wanted me to talk about how I was dealing with the loss of my family members. Was I carrying any guilt or animosity towards society" (Released, Line 674-675).

Post-Release Support. The analysis from both transcriptions identified shelter, relationships, transportation, skills, parenting, and transitioning as the post-release supports contributing to the systematic failure.

Shelter. Subjects from both documentaries discussed concerns with the shelter options available upon release into the community. One subject explained the challenge of finding a place to stay after an incarceration sentence. This subject explained that the shelters around occupied "the same people you left... doing drugs, killing each other. You know, you don't want to be around these people" (Released, Line 611-616). Safe shelter options were a common concern amongst the subjects.

Relationships. Subjects in both documentaries reflected on their lives, such as experiencing the death of an immediate family member. One subject discussed the direct impact this event caused, and the anger that occurred as a result of their mother's death, which happened at a young age (Prison state, Line 178-181). Another subject discussed the murder of their older brother and the death of their father (Released, Line 164-165). Romantic relationships were also mentioned in the documentaries; one subject discussed the emotions of love while incarcerated. More specifically, the challenge this subject faced with drug addiction, "the truth is no matter how much I tell you I loved my daughter, when I was on drugs, I loved drugs first" (Released, Line 524-525).

Transportation. Subjects in both documentaries expressed concerns about transportation after their release from incarceration. Specifically, the expectations from society and the lack of resources offered to previously incarcerated individuals. One subject stated, "when I was released from prison I didn't know how I was going to be able to travel or to get around the city" (Released, Line 598-600). Another subject expressed frustration with the system, stating:

"You kick me out on the street, and you tell me do this and do that. But at the end of the day, I don't have clothes, I don't have food, I don't have no transportation." (Prison State, Line 555-557).

Job Skills. Nearly all of the subjects discussed concerns about securing a job with an incarceration record. One subject stated:

"When I came out I was concerned of how do I live like a normal human being when I don't know what normal is. I had no idea how to behave. Getting a job was very, uh, concerning. I didn't know how to go about it. I didn't know what to say when they asked me well, you haven't worked in 30 years where have you been?" (Released, Line 602-605).

Parenting. Many of the subjects identified difficulty with parenting skills after incarceration. One subject described their struggle after release from prison with taking on a new role as a parent:

"And when I returned home, I was a husband and a father, with no preparation for either role. Can you imagine a guy like me, coming from where I come from, with my background, husband, father, responsibilities . . . scared the hell out of me. It scared the hell out of me. I went back to the streets" (Released, Line 457-460).

Transitioning. The subjects discussed transitioning from incarceration back into the community in different ways throughout both documentaries. A common trend that occurred throughout this subtheme involved concern for the unknown:

"I know after four or five months, I know Department of Corrections got to turn me loose. What I do after that, I don't know what my future holds, I just don't know. When

you don't have nothing, and you don't have hope, what the hell do you have?" (Prison State, Line 810-813).

Drug Culture

Components of drug culture such as substance abuse and violent environments are some of the identified responses relating to imprisonment. Specifically, five out of the eight subjects identified a personal struggle with substance abuse. Subjects in both documentaries identified environmental factors and social factors as contributors to one's imprisonment. All four subjects from *Prison State* reside in the same neighborhood where one in six people cycle in and out of prison every year (Prison State, Line 39). The researchers identified drug culture as a core theme throughout the documentary. Additionally, environmental factors and social factors were identified as subthemes contributing to the drug culture.

Environmental factors. This analysis yielded several responses regarding the environmental factors embedded in the drug culture. The reported environmental barriers included poverty, violence, family dynamics, sexual trauma, fear, race, death, substance abuse, and physical and verbal abuse. These components of drug culture were interwoven into the lives of the subjects. In a portion of the documentary, a subject referenced his experience,

"At night time, people would come from all over the neighborhood to hang out at our

house. And, um, people would do robberies and then they would come and you know,

split it up at my house. A guy would nod out on the bed and, and, light it on fire. He

pulled out a knife and chased my brother around the room. And, the guy, uh, ran through

the house one day and threw his bloody machete in the oven. I thought, that's how people

lives on this. This is the way the world was and it was simple as that so it wasn't like I

had to adapt to it or any sort- and this was the way it was. I was born into that and I was

raised in that" (Released, Lines 60-66).

Many subjects identified with being raised in an environment full of fear and turmoil, similar to

the situation mentioned above. The combination of multifaceted abuse, poverty, and violence

was embedded into many environments including one's neighborhood, household, and school.

Social factors. The social barriers identified in relation to drug culture included being

immersed in the social environment of doing drugs, the various criminal activity that can be

related to substances, and how the respondents experienced learned chaos throughout their lives.

One respondent identified the social factors of substance use, "every club I went to they were

doing coke. It was the late 70s and I lied about my age and I got a job as a bartender" (Released,

Lines 148-148).

To expand further on the subtheme of "learned chaos", the subjects alluded to several

instances of learned behavior from parental figures, peers, and other individuals who have a

social influence in their life. An illustration of learned chaos was demonstrated,

"(name), huh, (name) got killed. Uhm, It was a robbery that went bad in his house and

um, they killed him. (inaudible) That was such a sad day. When I met (name), I think for

the first time I fell in love. I loved (name) and still, things were still boring to me. I need

some excitement in my life. So like I said, I went to where I knew to get the drugs and I

decided that I'm gonna to sell drugs again. It got to the point where it just got out of

control. We were selling drugs like crazy, I mean, where people were coming over to the

house and knocking on the door and knocking on the windows at all hour of the night."

(Released, Lines 200-206).

Many of the subjects' answers identified implications for the relationship between the social components of society and incarceration. One subject expressed that, "In these communities where incarceration has become so normalized, the system operates practically from cradle to grave" (Prison State, Lines 97-98). It was mentioned often how societal views contribute to incarceration, and how an individual's inability to adjust to society can impact a return to incarceration. One response was voiced throughout both documentaries from subjects, "incarceration has become the response to every social problem that we encounter" (Prison State, Line 63).

Prison Culture

In both documentaries, the subjects identified many occurrences of violence, abuse, and various other psychosocial components. Overall, these occurrences contributed to prison culture and how individuals responded and related to one another while incarcerated. Many individuals identified relationships with other incarcerated individuals in the prison system that influence areas of culture and development as seen in the quotation below:

> "As you know, prison is terrible life, especially for the young. Those young guys gotta be wary of the older men trying to make you their squeeze . . . They will use you to carry drugs, money, weapons, you gotta fight sometimes just to get respect" (Released, Lines 348-351).

Respondents within both interviews identified the impact prison culture had over their lives and how it related to or facilitated change within their lives. One subject identified their experience in prison as a means that facilitated change, "this place can't motivate you, it's a very

negative atmosphere. But you see, you can get past that. When I wanted to change, when I started to change, prison, no, they couldn't stop me" (Released, Lines 445-447).

Discussion

This study aimed to identify the needs of previously incarcerated individuals. There is a gap in research regarding the role of occupational therapy within the United States prison system. GVSU is collaborating with the Muskegon Correctional Facility to initiate the process of program development. Grossman and Bortone (1986) created a program development model including four steps: (1) needs assessment, (2) program planning, (3) program implementation, and (4) program evaluation. From this study, the first step in program development, the needs assessment, was completed leading to information that will instruct the development of modules to foster skills and supports to better prepare incarcerated individuals for successful re-entry.

Systematic failure and drug culture were the identified intervening conditions of successful re-entry. The background variables linked to systematic failure included patterns related to mental health and unsatisfactory post-release supports. Additionally, drug culture was composed of variables relating to prison culture, environmental factors, and social factors. These themes were evident barriers for incarcerated individuals being able to successfully re-enter into society.

Implications for Occupational Therapy Intervention

Implications for occupational therapy interventions include expanding the field in new areas of practice, increasing mental health services, and raising awareness for occupational justice. Given the information gathered from data collection, occupational therapy interventions with formerly incarcerated individuals may involve several topics. Topics of intervention which

may help increase occupational participation for individuals who are or were previously

incarcerated may include emotional coping strategies, substance abuse rehabilitation, and tools

for transitioning back into the community. Occupational therapists can address these

intervention topics through learning modules.

Module options. Learning modules which occupational therapists can focus on for post-

release support will include topics of intervention mentioned above. One module will prioritize

topics surrounding mental health. A second module will encourage individual awareness of

environmental and social factors and how to cope with struggles related to those factors. A third

module will educate individuals who are incarcerated about adapting occupational engagement

during the transition from incarceration to daily life in the community. All three modules will be

built around the occupational empowerment model's concepts of building a strong self-identity

and developing an autonomy toward engaging in healthy occupations.

Post-release support. The qualitative data analysis identified several post-release

supports that contribute to systematic failure following release into the community. The

literature review findings correlate to the concerns of the subjects from this qualitative study.

Incarceration is likely to increase the risk of homelessness due to the loss of tenancy, and

the diminishment of family and social relationships (Mairead, 2006). As the subjects discussed,

shelter options were either non-existent options, or the options available were dangerous, and in

some cases involved others nearby engaging in drug use. The subjects discussed social supports,

including family and friends, as being estranged due to incarceration. One subject from the

documentary suggested that his family had forgotten about him during the long prison sentence

(Released, Lines 423-424). It would be beneficial to provide communication workshops to

incarcerated individuals to help facilitate healthy contact between incarcerated individuals and their families, which could help with post-release support. Workshops focusing on communication can empower individuals to engage in healthy social participation while further increasing one's sense of dignity and worth. Another subject mentioned that when he was released into the community after incarceration, he had a new role as a parent (Released, Lines 456-457). The subject did not feel prepared for this responsibility and as a result, fell back into the negative cycle of drug use. Educational programs that focus on parenting and skills involved could help prepare incarcerated individuals for reentry into the community.

Also discussed were the concerns of securing a job after incarceration. Subjects feared the job application process and the employers' perceptions after disclosing conviction history. Additionally, the subjects talked about life after being incarcerated and expectations upon release. Transitioning from the prison culture back into the community was identified by the subjects as being a challenge. One subject from Prison State explained the structure of life incarcerated as being helpful and after each release from his sentences, he did not do well making constructive use of this time without "people telling [him] what to do" (Prison State, Line 31). Educational modules that address these issues prior to an individual's end of sentencing, may help aid in more successful outcomes in the community.

Strengths

This study allows individuals to better understand the needs of incarcerated individuals prior to parole and release back into the community. Even though it was not feasible to work directly with incarcerated individuals to conduct the research, theming the documentaries still provided evidence and information about what these individuals identify as their needs prior to

community reintegration. This research also shows how skilled occupational intervention can be utilized during community reintegration for incarcerated individuals and how roles, routines, and occupational choices and engagement can be addressed. Lastly, this project identifies further gaps in the research that is apparent when working with incarcerated individuals. For future research opportunities, the implications of this study can be applied, especially with the knowledge of how long it can take to be passed by the Institutional Review Board (IRB).

Limitations

Using incarcerated individuals for human research escalates the difficulty of the research process. This population is considered vulnerable, and there are many restrictions put in place for working with and documenting the findings from the incarcerated population. Getting through the research clearinghouse is a lengthy and strenuous process that takes the time that Master's students do not have available based on the length of the program curriculum. Also, locating a prison that is willing to allow research to be conducted is another limiting aspect of its own. According to the Prison Directory (2018), there are 39 correctional facilities classified as prisons throughout Michigan. Among these 39 prisons, there are approximately three that are local to GVSU. Encouraging one of the local prisons to allow occupational therapy students, a profession that is new to their facility, to come in to conduct research is a challenging task. These prisons remain focused on the criminal justice departments of local schools and lack the understanding of what OT is and what the profession can bring to the table. The lack of research as a whole acknowledging OT practice within the criminal justice system limits the awareness of other professions among these settings about the positive implications OT can have on the success of community reintegration. Lastly, not being able to conduct human research on an actual population of incarcerated individuals with a lived-experience in prison limits the

credibility and trustworthiness of this study. Although the researchers were able to find two

educational documentaries about community reintegration post-incarceration, the legitimacy of

the themes obtained from the transcriptions is not as concrete as they would have been if it was

possible to theme focus group interviews. The limitations of this study can be used as an

informative measure for groups who desire to conduct human research within the prison in the

future.

Future Initiatives

GVSU desires to continue the research process addressing occupational therapy within

the prison system. In future groups, Grand Valley hopes to conduct human research in the prison

to address the needs of incarcerated individuals upon community reintegration. Grand Valley

has gone through the process of implementing a level I fieldwork in the Michigan Department of

Corrections (MDOC) in Muskegon, MI. This fieldwork allows an affiliation between the

Department of Corrections and GVSU's occupational therapy department, leading to students

having contact hours with currently incarcerated individuals. The results of this study can help

inform future fieldwork programming based on the needs that were identified from theming the

documentaries. In addition, these results can help guide the OT students' clinical decision-

making toward which assessments to use and what modules can be developed to serve the

specific needs of the individuals, keeping in mind that the individuals should maintain the ability

to identify their own needs.

This research has the potential to open doors for future opportunities by shedding light on

the process that needs to be taken to conduct human research on incarcerated individuals. Using

focus group interviews to obtain client-centered responses about individual needs would allow

the most accurate and client-centered data. Furthermore, similar processes will be done for

theming as what was done within this research project. The themes will then be used to create educational modules that will be taught by Grand Valley students during a community reintegration class at the prison. Current Grand Valley students have begun teaching a class, but using research will allow for the class to be more client-centered and specific to the needs that the incarcerated individuals are addressing as necessary to be successful in the future. There is hope that this program will inspire other occupational therapy programs and prisons to get on board with this process. Occupational therapy can help address increasing rates of recidivism, and lead to a better understanding of the needs of incarcerated individuals prior to community reintegration.

Conclusion

Through incarceration, many individuals experience a loss of occupational engagement and empowerment. This occupational deprivation without proper support leads to higher rates of mental health issues as well as a higher likelihood of recidivism. Previously incarcerated individuals often lack post-release supports while transitioning back into the community, leading to difficulty with reintegration. The themes and subthemes identified from this research study could help inform prison systems about the importance of implementing education based modules based on the incarcerated individuals' specific needs to help improve quality of life upon release.

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