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The Applicability of Occupational Therapy to Correctional Programming

Jordan Lanning

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OCCUPATIONAL THERAPY AND CORRECTIONAL FACILITIES

Overview

Correctional facilities are a controversial topic in the United States. Whether it is prison reform policy or overcrowding issues that are being debated in a political setting or at the dinner table, it is a hot topic of conversation. The discussion goes around and around to no avail, and seemingly no one is satisfied. A detailed look at current issues facing corrections, what has been done, and then, potentially what could be done may provide some clarity for a situation that is seemingly spinning out of control. Furthermore, occupational therapy and its application to correctional programming is explored as a potential solution to many of the current issues facing today's correctional system. Therefore, this paper will also discuss the current implementation of occupational therapy within corrections, as well as additional ways that occupational therapy can be utilized in the field.

Current State of Corrections

Often referred to as mass incarceration, corrections in the United States house a whopping 2.3 million people in approximately 1,719 state prisons, 109 federal prisons, 1,772 juvenile facilities, 3,163 local jails, and various other correctional facilities (Sawyer and Wagner, 2019). Despite the numerous institutions built to house the country's incarcerated citizens, overcrowding is a major issue for many of these facilities. Overcrowding is measured either by floor space per prisoner, prisoners per living unit, or population relative to stated capacity (Gaes, 1985). Overcrowding has a multitude of adverse effects ranging from the individual-level to the societal-level. Research has revealed that prison overcrowding contributes to many behavioral issues, including high assault rates (Gaes, 1985). Overcrowding can also affect the health of those behind bars, including increased stress and blood pressure, as well as more frequent trips to the infirmary (Gaes, 1985). Prison overcrowding is also often pointed to as a leading cause of

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post release recidivism (Gaes, 1985). Due to overcrowding, prisoners may be granted early release from their crimes and without proper training on how to enter the real world, increasing their likelihood of returning to prison.

Who are these correctional facilities overflowing with and why are they in the system? According to the Federal Bureau of Prisons, 45.4% of people incarcerated at the federal level were locked up due to drug offenses. The next leading cause of incarceration was for weapons, explosives, and arson at 19.3%, followed by sex offenses at 10.3% (Federal Bureau of Prisons, 2020). It is important to remember, although often overlooked, the complexity of crimes. Offense type is often reported based off of someone's most serious crime. For someone who has a violent crime and a drug charge against them, they may only be recorded for their violent offense. This diminishes the interaction that drugs could have on the violent offenses (Sawyer and Wagner, 2019). The largest age group is 36-40-year old's, making up 18.2% of the federal prison population (Federal Bureau of Prisons, 2020). Thirty-seven-point two percent (37.2%) of inmates resided in low security level prisons (Federal Bureau of Prisons, 2020). The largest ethnic group of the inmates are of Hispanic ethnicity at 32 %. However, prisons are predominantly made of people who are white, approximately 58.6% of the prison population, followed by 37.6% who are black (Federal Bureau of Prisons, 2020).

Another issue with the current correctional system is recidivism. Recidivism occurs when a convicted criminal reoffends and reenters the correctional facility population. Sixty-seven-point eight percent (67.8%) of prisoners reenter the criminal justice system within three years of their release, and 76.6% of prisoners reenter within five years (The National Reentry Resource Center, 2020). These numbers seem impossibly high, but when looking at the circumstances in which the prisoners enter their correctional facilities, it is easier to comprehend. Most inmates

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enter prison with problems ranging from financial insecurity and unemployment to substance abuse and mental health issues to poor social relationships (Berghuis, 2018). Without proper training and reentry programs, inmates who enter correctional facilities will leave with the same problems, and possibly new ones, they came with. This can contribute to a large number of the 650,000 inmates that are released from correctional facilities each year returning to the criminal justice system, supporting the need for reintegration and reentry programs (Leftridge Byrd, 2008).

Reentry Programming: Benefits and Shortcomings

Reentry programs are an important tool to fight both recidivism and therefore, overcrowding issues. The Charles Koch Institute, an institute geared at improving American lives, summarizes the aim of reentry programs as “Giving offenders opportunities to support themselves through legitimate and productive work, reducing recidivism and improving public safety,” (Mostellar, 2020). At the most basic level, reentry programs attempt to effectively assimilate people back into society and decrease their chances of returning to prison. To do this, reentry programs aim to remove or reduce any barriers that may stand in the way of a successful reentry into society. Successful transitions back into society look different for everyone, but common characteristics include being competitive in employment opportunities, attaining housing, supporting themselves and/or any family they may have, and contributing to their communities (United States Department of Justice, 2020). Reentry programs possessing these common characteristics were an essential tool of the Obama administration’s strategy to reform the criminal justice system (Caporizzo, 2011). The communities that inmates are returning to may look very different than when they left based on the state of the economy, increased gang

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activities, the spread of infectious diseases, and community policing among many other factors (Byrne and Taxman, 2004).

Reentry programs aim to address several areas where released inmates tend to struggle the most. One of the largest areas is employment. Individuals who have previously been incarcerated and are looking for employment can anticipate their future earnings to be reduced by almost 40% after returning to their communities (United States Department of Justice, 2020). Reentry programs aim to keep released inmates competitive in the work force. Federal Prison Industries (FPI) is an example of a reentry program that is intended to help inmates search for meaningful work. FPI believes that release preparation begins the first day of incarceration but becomes more intense about 18 months prior to an inmates' release (Federal Bureau of Prisons, 2020). Vocational training, opportunities, work experience, and occupational education courses are offered at within federal prisons (Federal Bureau of Prisons, 2020). Many institutions include classes on resume writing, job search, job retention, and mock job fairs (Federal Bureau of Prisons). Some inmates are eligible for a release gratuity, clothing, or money for transportation to their release destination (Federal Bureau of Prisons, 2020). Education is another factor that reentry programs focus on in conjunction with employment because it is a crucial factor that influences high recidivism rates (United States Department of Justice, 2020). In 2016, Pell Grant eligibility for some incarcerated students was reinstated, which provides financial aid for postsecondary education in an effort to increase education among inmates in anticipation of their release (National Institute of Corrections, 2020). To provide post-secondary education to inmates, colleges and universities also partner with correctional facilities (National Institute of Corrections, 2020).

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While reentry programs and post-release institutions have proven to be helpful to ex-offenders, these programs often have limited availability and do not allow the majority of the incarcerated population to participate. In a study focused on reentry programs for women, it emphasized that there was a limited number of spaces available in these programs (Scroggins and Malley, 2010). Most of the reentry programs that were analyzed in this study were made up of women who were repeat offenders, leaving first-offenders without the guidance of a reentry program (Scroggins and Malley, 2010). Other services that are available to first-time offending inmates like homeless shelters are not meant to be reentry programs, and therefore do not provide the same benefits of a reentry program (Scroggins and Malley, 2010).

Health is a broad topic, but released inmates tend to not have medical coverage, and substance abuse can be a major factor in recidivism. Reentry programs can help ensure that released inmates are either addressing root causes of substance abuse or making sure that they have access to programs like the Affordable Care Act (United States Department of Justice, 2020).

Stable housing is another important factor that reentry programs focus on, as it is a major factor that influences recidivism rates (United States Department of Justice, 2020). The U.S. Secretary of Housing and Urban Development aimed to decrease the burden of finding housing by encouraging Public Health Authorities' executive directors to allow released inmates to either rejoin their families in public housing or in Housing Choice Voucher programs (Caporizzo, 2011). Some of the factors that hinder an offender's ability to obtain housing after being released are limited credit, rental history, and finances and landlords' hesitancy to rent to ex-offenders (Gunnison and Helfgott, 2011). This can often lead to issues of homelessness or creates new

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issues when released offenders are forced to reside in environments that are likely to undermine the likelihood of successful rehabilitation (Gunnison and Helfgott, 2011).

For reentry programs to be successful, one of the most important things is the inclusion and exclusion criteria for who is included in reentry programs, and who the target population is. Florida, Illinois, New York, California, and Texas are the five states that make up half of prison releasees in the United States (Byrne and Taxman, 2004). One study provided an overview of The Office of Justice Programs (OJP) reentry programs in these five states, specifically focusing on program size, location, and targeting criteria (Byrne and Taxman, 2004). Criteria to obtain a spot in a reentry program is consistent over most of the programs and include age, gender, and risk (Byrne and Taxman, 2004). The majority of reentry programming targeted the male population, with the exception of a New York program for offenders with violent felonies or repeat felonies, which was aimed at both males and females (Byrne and Taxman, 2004). A common age range, unless for a juvenile population, was from eighteen to thirty-five years of age, with none of the programs targeting a population over thirty-five. The target population of each program never went over 200 people. Program-specific criteria included inmates with substance abuse issues, mental health issues, prison sentence, violent felonies, and repeat felonies (Byrne and Taxman, 2004). Successful reintegration programs target inmates who are classified as having medium to high risk of reoffending, and information from this criterion is also used to help determine level of risk (National Institute of Corrections, 2020).

Under the Second Chance Act of 2007, the Bureau of Justice Assistance funded reentry programs (National Institute of Corrections, 2020). One hundred million dollars has been allocated to help fund reentry initiatives in every state by the Office of Justice Programs, along with other federal agencies. (Byrne and Taxman, 2004). Programs that were analyzed from the

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previous five states also reviewed funding. Grant amounts for these programs ranged from 2,000,000 to 999,183 dollars (Byrne and Taxman, 2004).

Sixty-eight separate reentry programs have been designed and implemented across the fifty states in the U.S. (Byrne and Taxman, 2004). These programs typically consist of three different phases: the institutional phase, the structured reentry phase, and the community reintegration phase. The institution phase varies from program to program, but this is the first step in the reentry process where prisoners are selected if they meet their particular programs' requirements. In some areas, it begins upon entrance to prison, but most programs identify potential reentry participants about 6 months to one year prior to the inmate's expected release date (Byrne and Taxman, 2004).

Barriers to successful reentry

While there are improvements involving reentry programs and their funding, not all change regarding released offenders has been positive. Some states have changed laws that actually create new roadblocks for inmates who are released back into society (Samuels & Mukamal, 2009). One way that new legislation has created another barrier for offenders is by allowing the increase of criminal records to the public (Samuels & Mukamal, 2009). This causes a problem because not only are criminal record reports often filled with errors, but those who access prison records online are often not qualified to understand their contents and arrests are displayed even when someone is not convicted (Samuels & Mukamal, 2009). People who are able to access this information about someone and use it against them include future employers and landlords (Samuels & Mukamal, 2009).

New laws and policies are still being made that make it increasingly difficult for offenders to assimilate back into society in other areas as well such as public benefits and public

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housing (Samuels & Mukamal, 2009). In Oregon, a law was amended to ban eligibility for food stamps for individuals who had been convicted of certain drug offenses (Samuels & Mukamal, 2009). Improvements were seen at a housing authority in Maine who changed their admission policy to consider people who had arrests that did not lead to convictions; however, a setback was seen in a housing authority in Tennessee who implemented a ban on people who were convicted of a violent or drug-related crime (Samuels & Mukamal, 2009). In 2009, twenty-eight states would still automatically suspend or revoke driver's licenses for all or some drug offenses, and five states would suspend or revoke a driver's license for longer than six months even when drug convictions were unrelated to driving (Samuels & Mukamal, 2009).

Structured reentry is the second phase of reentry programs and is often times the most critical step in an offender's reentry process (Byrne and Taxman, 2004). This is the phase with the most variance, not only between programs but also from offender to offender. Structured reentry programs are tailored to the individual, meaning the focus on longstanding factors like mental illness and substance abuse. These programs also focus on housing options, family needs, victim/community concerns, and employment opportunities (Byrne and Taxman, 2004). Some programs focus on moving the inmate closer to their release location prior to their actual release date. This can help inmates renew family or community ties and obtain possible employment or housing options (Byrne and Taxman, 2004). Generally, this phase is carried out about one to three months prior to the inmates anticipated release date and continues for about a month after their release back into the community (Byrne and Taxman, 2004).

The final stage in the general structure of reentry programs is the community reintegration phase. This stage depends on if the offender has been released conditionally or unconditionally from prison. To be released unconditionally means that program participation is

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voluntary, where being released conditionally requires participation as a condition of parole (Byrne and Taxman, 2004). Both groups are offered similar support services upon their release from prison like help with employment, housing, and health care (Byrne and Taxman, 2004).

The inmates who did have access to treatment have crucial advantages over those who do not. With such high rates of recidivism that remain today even with reentry program implementation, there are a few common critiques of these programs. Some programs that are ridiculed are ones that focus on only one aspect of reintegration back into society. For example, an inmate may be suffering from substance abuse and may be financially struggling, but may be a part of a reentry program where only one of these issues are addressed (Berghuis, 2018).

A study done by Florida Agricultural and Mechanical University reported that recidivism rates and type of offense committed are highly related (De Wese-Mitchell, 2014). This study focused on the extent of the effect that reentry educational programs had on recidivism, focusing specifically on the Baker Correctional Institute Reentry Education Program. Those with the highest reconviction rates of non-violent offenses included property offenders (45%), violation of probation, (41%), personal offenses (38%), and drug offenses (42%) (De Wese-Mitchell, 2014). This same study yielded results supporting the conclusion that the offenders who committed nonviolent offenses and participated in the Baker Correctional Institute Reentry Education Program were more likely to reoffend, another example of current reentry programs that are not helping reduce recidivism rates (De Wese-Mitchell, 2014).

While many reentry programs may offer assistance regarding housing and employment, another limitation of these programs may be their lack of addressing the root cause. A study that focused on substance abuse and successful reentry into the community found that substance abuse during the post-release period from the correctional facility increased in drug and polydrug

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use when comparing pre-release and post-release questionnaires (Lane, 2010). A point that was related to this study included the importance of understanding the criminal-decision making process, focusing specifically on rational choice theory. This theory is based upon the belief that individuals weigh the costs and benefits before choosing to engage in criminal behavior (Lane, 2010). Therefore, reentry programs should place emphasis on choice, including accountability and consistency in regard to making choices (Lane, 2010). Others argue against this theory, that the cause of criminal behavior is not rooted in the decision-making process, but rather stem from mental health issues and impulsivity. One of the opposing theories includes Agnew's general strain theory (1992). This theory explains why some individuals may be more likely to react with a strain of delinquency due to personality traits (Agnew, Brezina, Wright, Cullen: 2002). This theory is specifically aimed at juveniles but predicts that those with high negative emotionality and low constraint are more likely to react with delinquency (Agnew, Brezina, Wright, Cullen; 2002).

Occupational Therapy and Applicability to Correctional Programming

Overview

Occupational therapy is not always a well-known profession outside of the medical community, or it often lives in the shadow of the more commonly known practice, physical therapy. The American Occupational Therapy Association defines occupational therapy as the therapeutic use of everyday life activities with individuals or groups for the purpose of enhancing or enabling participation in habits and routines in home, school, workplace, community, and other settings (American Occupational Therapy Association, 2014). It is also described as the applied practice of knowledge regarding the dynamic interactions between person, occupation, and environment (Bradbury, 2015). Furthermore, it includes the acquisition and preservation for

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those who have or may develop an illness, injury, disease, disorder, condition, impairment, disability, activity, limitation, or participation restriction (American Occupational Therapy Association, 2014).

Occupational therapy is also a very versatile field of health care. It can be utilized for within inpatient care, outpatient clinics, correctional facilities, and schools, and for many populations including geriatrics, pediatrics, and special needs. Because occupational therapy covers such a wide range of people and situations, it is crucial that the therapists create intervention plans based on the context of the individual's situation (American Occupational Therapy Association, 2014). They must also take into consideration their patients' values, beliefs, motor process, and social interaction (American Occupational Therapy Association, 2014). Occupational therapy is also unique to other therapies in correctional settings because it is able to elicit things that are not seen in other settings (Bradbury, 2015). These are just some of the attributes that would make and currently do make occupational therapists useful within correctional facilities.

Use in correctional programming

Some of the different uses of occupational therapy that are already utilized in correctional facilities include restoring people to competency so they can proceed to trial and working with patients who are not competent enough to go to trial before they are released (Bradbury, 2015). This is also referred to as forensic occupational therapy, which is the application of mental health specialty practice in legal contexts and is the most popular way that occupational therapists are utilized in correctional facilities (Muñoz, 2011).

Expanding the use of occupational therapy in corrections

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Occupational therapy can also be used to help find out what is a suitable and purposeful occupation for inmates, and then is able to give them the skills and resources or education for their vocation (Bradbury, 2015). This is especially important because death of skills among inmates is a common theme for inmates who are released, often times leading to reoffending because they do not know what else to do. Death of skills can include outdated knowledge or loss of ability to perform everyday tasks such as employment skills, technology skills, and knowledge on obtaining housing among others.

Occupational therapists can aid in helping released or soon to be released inmates find a place where they can work with a criminal record, as well as a place that they can mentally handle (Bradbury, 2015). These assessments can be made after rapport is developed and relationships are formed, a crucial aspect to the field of occupational therapy, making occupational therapists an important tool that can be utilized within reentry programs. An old slogan of the American Occupational Therapy Association (n.d.) summarizes some of occupational therapists' potential within correctional facilities as it relates to therapists, "teaching skills for the job of daily living." This mentality is crucial for inmates who are being released from prison, as they cannot be expected to become productive without being given the tools needed to succeed, and to understand the job of living as a productive member of society (Bradbury, 2015).

Another unique aspect that occupational therapists bring to the correctional facility realm is the idea of occupational deprivation. Occupational deprivation is defined as the influence of an external circumstance that keeps a person from acquiring, using, or enjoying something (Muñoz, 2011). People who have been incarcerated for long periods of time often experience occupational deprivation, and this is often blamed on the rigid policies and practices that make up the

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environment in prisons (Whiteford, 1997). Occupational therapists' ability to treat occupational deprivation is due to their "training to apply participation in occupations as a healing modality and his or her ability to consider characteristics of the person and of the environment in a rehabilitation intervention" (Muñoz, 2011). Lastly, inmates lack the community living skills necessary for community reintegration, which requires a skill set that occupational therapists address within their realm (Eggers, 2006).

Mental health is a significant risk factor among inmates and can play a crucial role in their risk of reentry. Occupational therapy can play an important role in diminishing the effects of mental health on recidivism, as seen in a study focused on adults with mental health diagnoses and occupational therapy interventions (Ikigu, 2017). In this study, 520 adults who were diagnosed with a mental disorder participated in occupational therapy interventions (Ikigu, 2017). Their improvement was measured by occupational performance and well-being, and the results indicated that there was a medium effect on improving occupational performance and small effect on well-being (Ikigu, 2017). The study concluded that theory based occupational therapy interventions may be effective in these areas and could be an integral cog in rehabilitation services (Ikigu, 2017).

Correctional facilities also include a special needs population, a population that occupational therapists often encounter. In a report made by the Department of Justice's Bureau of Justice Statistics (2015), it was found that two in ten prisoners and three in ten jail inmates were reported to have a cognitive disability (Pasha, 2017). One common cognitive disability that occupational therapists work with is people with autism. This particular cognitive disability poses an additional barrier, along with previous incarceration, to employment opportunities (Capo, 2001). Occupational therapy can play a crucial role on a team to make people with autism

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successful in the workforce due to their knowledge of job analysis, commitment to the person as a whole, and their primary focus on functional activities (Capo, 2001). These attributes also extend to people with disabilities in general, not specifically cognitive disabilities. Other disabilities include hearing, vision, ambulatory, self-care, and independent living (Bureau of Justice Statistics, 2015). It is estimated that 32% of prisoners and 40% of jail inmates have at least one disability (Bureau of Justice Statistics, 2015). Whether the disability is cognitive or physical, occupational therapists are well trained to teach their patients to overcome these obstacles in order to effectively participate in tasks of daily living and is one of the distinct reasons why occupational therapy would be an effective addition to reentry programs.

Future Directions and Recommendations

Correctional programming is a complex and multi-faceted concept. Upon implementation, reentry programs aim to reduce recidivism by ensuring that ex-offenders are ready to assimilate back into society. However, recidivism continues to be a problem across the country for correctional facilities, stemming into a multitude of other issues. While the reentry programs that are currently implemented are useful, they are still lacking, and therefore incomplete.

Occupational therapy is potentially an essential tool and a great addition to correctional programming. Considering the characteristics of the occupational therapy profession, it would bring attributes to reentry programs that are unique to occupational therapy. One of the most prominent additions would aid offenders who are disabled, especially since those who are disabled make up a large portion of the incarcerated population. With the wide range of training of an occupational therapist, they are able to utilize their skills concerning psychological and mental health components as well. With all of these attributes in addition to their ability to assist

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patients in learning or relearning activities of daily living and being trained over a broad range of disciplines, it is feasible that an occupational therapist could wear many different hats as part of a reentry program within correctional facilities.

However, there are already several barriers concerning reentry programs before taking into consideration the implementation of a new program or role within an existing program. One of the barriers has to do with funding. With limited federal or state funding, it may be difficult to add another role to these programs, so more evidence of the benefits of occupational therapy in a corrections setting should be further explored. Advocacy could also be useful not only for awareness but could aid with funding as well.

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