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The Role of Occupational Therapists Working with Adolescents with Mental Health Conditions in the Juvenile Justice System

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Focus Question

What occupational therapy interventions are currently used in practice or can be generalized for adolescents in the juvenile justice system (JJS) to improve mental health status to promote engagement in occupations, specifically for adolescents with pre-existing or new mental health conditions?

Case Scenario

This critically appraised topic paper focuses on interventions for improving adolescents' mental health status to promote engagement in occupations in the JJS. With many factors to consider, adolescent demographics and previous contexts were described first, then the impact that mental health programs in the JJS have on adolescents' mental health was reviewed. Finally, occupational therapy's role in improving occupational engagement through addressing mental health was investigated.

For the purpose of this paper, culture has been defined as a “social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. These groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviors, and styles of communication” (American Occupational Therapy Association [AOTA], 2020a, p.2). Specifically in this paper, the culture within the foster care system was addressed because one of every three adolescents transferred from a foster care setting to the JJS (Baidawi & Sheehan, 2020). This is an important area to highlight due to the intense impact that culture can have on the adolescents addressed in this paper and how it can shape their lives.

Demographics & Context

In 2019, 684,230 adolescents were arrested (Office of Juvenile Justice and Delinquency Prevention, 2022). This count includes all arrests regardless of crimes. White adolescents committed 76% of these offenses, 22% were committed by Black adolescents, and 1% of offenses were committed by each American Indian and Asian individuals (Office of Juvenile Justice and Delinquency Prevention, 2022). Females made up about 27% of adolescents that had offenses that were handled by Juvenile court (Sickmund, 2021). Fifty-eight percent of adolescents reported that their most serious offense was a violent one: murder, rape, kidnapping, robbery, or assault (Houchkins et al., 2021). Some of the biggest predictors of the presence of mental health symptoms in these adolescents are prior abuse, victimization in the facility, and being female (Houchkins et al., 2021).

Baidawi and Sheehan (2020) stated that environmental factors that contribute to adolescents being placed in the JJS included being surrounded by people who have experience in the criminal justice system (this consists of both family and peers), placement in foster care, the lack of support when the adolescent was leaving foster care, and the effects of the culture of these environments. Homelife also influences the placement in the JJS as maltreatment of children in the home nearly doubles the risk of later violent offenses, both in adulthood and adolescents (Baidawi & Sheehan, 2020).

Mental Health Programs

Mental health problems are a prevalent commonality in youth in the JJS. The most prevalent disorders seen in adolescents in the justice system include disruptive behavior disorders, anxiety disorders, affective disorders, attention-deficit disorders, and substance abuse problems (Robst, 2017). The high prevalence of trauma needs to be considered as a factor when looking at the prevalence of mental health disorders in the JJS (Duron et al., 2022). Sixty percent of adolescents in the JJS reported that they have experienced at least four separate incidents of trauma. This high amount of trauma has also been associated with increased psychological needs



and an increase in the prevalence of substance use before entering the facility (Duron et al., 2022).

It is no surprise then that mental health programs are often implemented within the JJS. Robst (2017) proposed that adolescents within the JJS be offered community-based mental health services provided by the mental health system while they stay at home with their parents. Alternatively, if it seems that the adolescent would benefit from being removed from the home, there are a variety of out-of-home mental health treatments including inpatient psychiatric residential programs, therapeutic group home care, and treatment foster care. Many of these treatments are a component of probation and are ordered by a judge (Robst, 2017).

Occupational Therapy's Role

Occupational therapy has a role in a variety of settings, one of those being the JJS. Occupational therapists are experts in identifying the effect an environment has on an individual and their ability to engage in necessary occupations. Occupational therapists will work with youth in custody to set goals that allow them to successfully reenter the community (Jaegers et al., 2022). Occupational therapists perform assessments that relate to motivation, self-regulation, and sensory processing in an effort to implement sensory and behavior interventions to assist adolescents in returning to necessary occupations (Dowdy et al., 2020; Dowdy et al., 2022; Khemthong et al., 2017).

Theoretical Model

When considering a theoretical foundation that occupational therapists could use to guide their interactions, the Person-Environment-Occupation (PEO) model is the best fit for addressing the purpose of the focused question. The PEO model is centered around aspects of the person, environment, occupation, and occupational performance (Baptiste, 2017). The *person* aspect is defined as “a unique being who assumes a variety of roles simultaneously (Baptiste, 2017)” in this setting this consists of adolescents with pre-existing or new mental health conditions and the cultural backgrounds of the adolescents. The *environment* is defined by occupational performance in regard to cultural, social, institutional, and physical variables surrounding the person (Baptiste, 2017). In this case, this primarily includes the JJS as well as the previous culture of the home environments that may have contributed to the adolescent being admitted into the system. The *occupational* aspect of the model is defined as “groups of self-directed, functional tasks and activities which a person engages in over the lifespan (Baptiste, 2017)”. In this case, the focus is assisting adolescents in engaging in occupations that are needed for daily living. After reviewing the Juvenile Detention Youth Handbook (n.d.) and Farnworth (2000) to understand what occupations are important to adolescents in the JJS we hypothesized the three most important occupations for adolescents in the JJS are education, social interaction, and leisure. Education consists of “the activities needed for learning and participating in the educational environment” (AOTAb, 2020, p. 33). Social interaction includes all interactions that adolescents have with other people (AOTAb, 2020). In the environment of the JJS, this would include their peers, family, and the individuals working within the system. Leisure includes the non-obligatory activities that are engaged in during time not committed to other occupations such as education, self-care, or sleep (AOTAb, 2020). In this context, leisure activities would be the activities that are taking place during the adolescents' free time.

Purpose Statement

Currently, there is an overall lack of research published in the JJS in relation to occupational therapy interventions to promote occupational engagement. The purpose of this critically appraised topic paper is to determine occupational therapy interventions that are

currently being used in practice or able to be generalized for adolescents in the JJS to improve mental health status to promote engagement in occupations, specifically with adolescents with pre-existing mental health conditions.

Methodology

The methodology began with a literature search conducted within the period of February 15, 2023, to April 12, 2023. The searches were carried out across multidisciplinary databases with included the Cumulative Index to Nursing and Allied Health Literature (CINAHL), American Journal of Occupational Therapy (AJOT), PsychINFO, DynaMed, PubMed, Clinical Key, Google Scholar, National Institute of Health (NIH), Wiley Online Library, SAGE Journal, and EBSCOhost. A combination of search terms were used and for the purpose of creating a more refined search, search commands “AND” and “OR” were added to combine search terms and phrases. Please review Table 1 for specific search terms and the number of results yielded. A variety of exclusion criteria was used in the literature search. One exclusion criteria consisted of studies that were published after 2017 in English based in the United States. Another exclusion criteria was for studies published after 2017. The final exclusion criteria used was for studies published after 2014 in article form.

Table 1
Search Terms Used and Articles Yielded

<i>Boolean search</i>	<i>Number of Articles Yielded</i>
“Juvenile justice” AND adolescent AND “occupational therapy”	4
“Juvenile justice” AND adolescent AND “charges”	31
“Juvenile justice” AND team	76
(“occupational therapy” OR “OT”) AND (“Juvenile justice system” OR “juvie” OR Children's Court” OR “Juvenile Court”) AND (“adolescent” OR “juvenile” OR “minor” OR “stripling” OR “under 18” OR “under eighteen”) AND (“Mental Health)	0
“Juvenile Justice” AND “Mental Health”	753
“Juvenile justice” AND “Mental Health” AND (“occupational therapy” OR “occupational therapist”)	2
(“occupational therapy” OR “OT”) AND (“Juvenile justice system” OR “juvie” OR “Children's Court” OR “Juvenile Court”) AND (“adolescent” OR “juvenile” OR “minor” OR “stripling” OR “under 18” OR “under eighteen”)	0
(“juvenile justice system” OR “juvie” OR “Children’s court” OR “Juvenile Court”)	5
“Mental health with youth justice system”	65
(“occupational therapy” OR “OT”) AND (“juvenile system” OR	327



Types of Articles Reviewed

A total of 34 articles were reviewed and 22 were chosen for further, in-depth review. Of those 22 articles, 2 were level I studies (Baetz et al., 2022; Kubek, J. et al., 2020), 5 were level III studies (Dowdy et al., 2022; Farnworth, 2000; Gonzalez, 2021; Khemthong, 2017; Robst, 2017), 8 were level IV studies (Barnert et al., 2020; Dowdy et al., 2020; Duron et al., 2022; Houchins et al., 2021; Jaegers, 2022; Jaegers et al., 2020; Office of Juvenile Justice and Delinquency Prevention, 2022; & Sickman, Sladky, & Kang, 2021), and 8 were level N/A (Baidawi & Sheehan, 2020; George-Paschal & Bowen, 2019; Himelstein et al., 2014; Simons et al., 2018; Stout et al., 2017; Taussig et al., 2021; Wakefield, Baronia, & Brennan, 2019; Winters & Beerbower, 2017). Other resources reviewed included the Juvenile Detention Youth Handbook (n.d.), the Occupational Therapy Practice Framework (AOTA, 2020b), and a select chapter from an occupational therapy textbook (Baptiste, 2017).

A secondary literature search was conducted after initial drafts and 169 articles were yielded and one was selected (AOTA, 2020a). This search was conducted for the purpose of informing the researchers of the definition of culture to further enhance the paper's foundation.

Synthesized Summary of Key Findings

Factors Affecting Mental Health Status

The goal of this critically appraised topic paper was to gain an understanding of what occupational therapy interventions are currently being used in adolescents in the JJS that have pre-existing mental health conditions to improve mental health status to, ultimately, promote engagement in occupations. To understand these concepts through an occupational therapy lens, the occupation-based model of PEO was used. The evidence showed that mental health conditions, substance use, and traumatic brain injuries are higher among individuals that are incarcerated when compared to the general population. These factors can affect the overall ability to function for adolescents in the JJS, as well as the ability to learn new skills that aid in a smooth re-entry into the community (Gonzalez, 2021).

Additionally, evidence showed that detained youth have high health and social needs, which are difficult to meet while incarcerated and this leads to a higher need for mental health and substance abuse treatment (Barnert et al., 2020). A lifetime struggle with mental health is a prevalent issue for adolescents in the JJS. Only about half receive mental health interventions while incarcerated, yet, those same adolescents have a lifetime prevalence of suicide attempts between 11% and 27% (Barnert et al., 2020). When considering the effect that mental health diagnoses have on adolescents in the JJS, it is important to consider that these diagnoses are correlated with an 80% increase in reoffending after getting out of the JJS (Wakefield et al., 2019).

Trauma & Previous Environment

Young individuals in the JJS experience trauma that coincide with mental health challenges at a much higher rate than adolescents that are not involved in the JJS (Baetz et al., 2022; Dowdy, 2022; Duron et al., 2022; Winters & Beerbower, 2017). Contributing factors include cultural backgrounds of negative parenting, having inaccessible education, and stressful living factors (Khemthong, 2017). Multiple cases of trauma exposure can make mental health issues like depression, anxiety, post-traumatic stress disorder, eating disorders, insomnia, substance abuse, and conduct disorder more prevalent (Duron et al., 2022; Wakefield et al.,

2019). Trauma exposure can also lead to increased substance use (Duron et al., 2022). Close to three-quarters of adolescents in the JJS have psychiatric diagnoses (including substance use disorders) (Duron et al., 2022).

Adolescents in the JJS, the culture of foster care, and childhood maltreatment have been linked through research. Taussig et al. (2021) found that 60.2% of youth incarcerated before the age of 18 years were previously in the foster care system. If a youth is emancipated from the foster care system, they have a 57% chance of being incarcerated by the age of 25 years. Of those individuals incarcerated after being in foster care, a large majority of them reported maltreatment via the foster care system before the age of 10 years (Taussig et al., 2021). Maltreatment is an important factor to note as the risk of violent offenses is almost doubled for those who are victims of childhood maltreatment (Baidwai & Sheehan, 2020).

Mental Health Needs

Adolescents are at an important stage in their life where they are developing rapidly. The complex trauma that occurs during this time leads to many difficulties like using emotional intelligence, and being able to recognize, identify, and manage one's feelings (Dowdy et al., 2022). These adolescents are in need of self-regulation strategies to help manage their emotions and feelings to feel in control of their bodies and behaviors (Dowdy et al., 2022).

Adolescents in the JJS face many challenges while incarcerated, with a major challenge being removal from their home environment, support system, and culture (Simons et al., 2018). Removal from one's support system can lead to an increase in negative mental health symptoms. However, allowing parents to frequently visit their children while incarcerated is directly correlated with depressive symptoms waning faster, regardless of the quality of the parent-child relationship (Simons et al., 2018).

Common psychiatric disorders of adolescents in the JJS include disruptive behavior disorders, anxiety disorders, affective disorders, and attention deficit disorders along with substance abuse problems (Robst, 2017). Robst (2017) found that approximately 30% of adolescents received mental health services while incarcerated yet over 60% of incarcerated adolescents met the diagnosis criteria for a mental health disorder. Without treatment, traumatization in the JJS can worsen the adolescents' symptoms (Robst, 2017).

The Role of Occupational Therapy

Occupation-based interventions in the JJS can result in the reduction of violent behavior and promote safety within these facilities (Dowdy et al., 2020). Reducing these violent behaviors can be difficult for offenders with mental health issues. One role of occupational therapists is to provide sensory-based interventions to address trauma, incorporate coping strategies to control adverse behaviors and foster a safe environment (Dowdy et al., 2020; Dowdy et al., 2022). Gonzalez (2021) conducted a pilot study that used occupational therapy assessments and interventions for adults in the justice system to address skill building, increase problem-solving, and dive deeper into needs and barriers for re-entry. These interventions increased self-efficacy, meaning emotions, anxiety, and sleep disturbance, and reduces feelings of social isolation which can pave the way to smooth transitions out of the justice system. This pilot study highlighted just how important programs like this are for incarcerated individuals that need to learn new skills for an untroubled transition. This also highlights the usefulness of occupational therapy with this population of individuals (Gonzalez, 2021).

Although the role of occupational therapy in the JJS is not a common practice, there is a need for services and interventions that an occupational therapist could provide. Barnert et al. (2020) described the need for job training, assistance with obtaining legal identification,

education, food support, and housing for incarcerated adolescents. An occupational therapist would be able to provide services to aid in advocacy for health management, job seeking and training, care of one's self, and other daily activities (AOTAb, 2020).

Focused Occupations

In a retrospective study, researchers noted the need for certain areas of occupations that were crucial for assisting individuals back to a post-incarcerated lifestyle (Jaegers et al., 2022). Some areas included instrumental activities of daily living and health management as these were deemed essential for completing daily activities and routines (Jaegers et al., 2022). A group of juvenile offenders participating in a pretest-posttest research design were enrolled in an occupational therapy program due to low volitional and vocational skills (Khemthong, 2017). Activities like cooking, sports, and recreational activities were used as a means to measure productive time use and self-efficacy in leisure occupations (Khemthong, 2017). The outcomes of this study showed that adolescents were more productive in their achievement in leisure occupations (Khemthong, 2017).

In a systematic literature review, Kubek et al. (2020) described various treatment concern areas that fall under the scope of occupational therapy. Areas under the scope of occupational therapy can include physical and mental health, social-emotional functioning, overall welfare, education, as well as vocational, recreational, and operational needs. In order to effectively treat these areas, person-centered planning must be used (Kubek et al., 2020).

Social participation is an area of occupation that is decreased for adolescents in the JJS. Occupational therapists can help adolescents re-engage in the community of the JJS by working on facilitating problem-solving skills and the development of healthy social supports (Stout et al., 2017).

Benefits of Occupational Therapy

Occupational therapists have training to provide sensory-based activities that are meaningful to adolescents that can help address the trauma the adolescents have experienced. Occupational therapists take a unique position on how to address these adolescents in that they use a holistic and strengths-based approach to build trust in the adolescent instead of fixating on specific behaviors that need to be redirected (Baidawi & Sheehan, 2020; Dowdy et al., 2022). There is a lack of trauma-informed treatment that is occurring in the JJS, however, occupational therapists can assist in filling this gap by bringing attention to the adolescents' person factors, like trauma history and specific diagnoses (Dowdy et al., 2022). Occupational therapists that are equipped with trauma-informed practices are valuable among the interdisciplinary team when serving this population of adolescents (Dowdy et al., 2022).

Limitations of Occupational Therapy

Currently, most occupational therapy services that are within the U.S. justice system are tailored to adults and re-entry back into the community (Dowdy et al., 2022). Because adults and adolescents are different populations there is a large limitation in the current literature because much of the current research is focused on adults in the justice system.

There is also a limited number of occupational therapists that are practicing in mental health settings, with only 3% practicing in mental health settings (Bream, 2013, as cited in George-Pascal & Bowen, 2019). Of that 3%, even fewer are practicing in the JJS (Bream, 2013, as cited in George-Pascal & Bowen, 2019). Therefore, one of the biggest limitations of the use of occupational therapy in the JJS is that there are very few occupational therapists practicing in the JJS.

Current Occupational Therapy Interventions

There is an important role for occupational therapists in the justice system for client-centered treatment options that can translate to improved overall mental health status (Dowdy et al., 2022). One client-centered program has been developed to address sensory-based behaviors that can assist adolescents to develop coping strategies such as aromatherapy and fidgets (Dowdy et al., 2022). Another example of a useful program is a mindfulness and meditation program. Mindfulness practices can produce benefits within a relatively short training period, and these benefits can continue over a long time (Winters & Beerbower, 2017). These long-term effects include structural brain changes, bottom-up emotional processing, and long-lasting behavioral changes. However, for these changes to take place, the person needs to consistently practice mindfulness and meditation (Winters & Beerbower, 2017). Meditation and mindfulness interventions included counting and being mindful of breaths, body scans, deep breathing exercises, and the S.T.I.C. mindfulness technique which stands for “stop, take a breath, imagine the future consequences, and choose” (Himmelstein et al., 2014, p. 563). While using mindfulness and meditation with adolescents in the JJS, themes such as feelings of calmness, improved sleep, and decreased reoffending were found to occur (Himmelstein et al., 2014). A mindfulness and meditation program can be useful as an intervention tool when used with other interventions to provide a well-rounded program for adolescents in the JJS.

Summary

Overall, 22 articles were reviewed thoroughly. These articles included topics on factors that affect mental health, trauma, substance abuse, mental health needs, occupational therapy interventions, and mental health programs. The following main points were found:

- Adolescents in the JJS have a culture of high rates of past trauma, mental health conditions including substance use, and time spent in the foster care system (Baetz et al., 2022; Dowdy et al., 2022; Duron et al., 2022; Gonzalez, 2021; Robust, 2017; Winters & Beerbower, 2017).
- There is limited research published showing the role of occupational therapy in the JJS which implies an emerging role for occupational therapists (Dowdy et al., 2020; Dowdy et al., 2022).
- Current interventions including mental health and mindfulness meditation programs and sensory-based interventions have been shown to be effective for reducing mental health conditions for adolescents in the JJS (Dowdy et al., 2022; Winters & Beerbower, 2017).

The goal of this critically appraised topic paper was to review the existing literature regarding the role of occupational therapy in JJS when addressing mental health conditions that affect engagement in occupations. A review of the existing literature on this topic indicated that there was not enough evidence to specify what role occupational therapists have when serving adolescents in the JJS. However, occupational therapists can pull from research relating to populations that have similar needs to adolescents in the JJS.

Clinical Bottom Line

What occupational therapy interventions are currently used in practice or can be generalized for adolescents in the juvenile justice system (JJS) to improve mental health status to promote engagement in occupations, specifically for adolescents with pre-existing or new mental health conditions?

Although there is a variety of literature that supports the importance of occupational therapy on adolescents in the JJS with mental health conditions, occupational therapy is still developing its concrete role in the JJS as this is an emerging position for practitioners (Dowdy et

al., 2022). The PEO model was used to analyze the dynamic relationship between the *person*, *environment*, and *occupation* factors present in adolescents with mental health conditions in the JJS who seek engagement in meaningful occupations (Baptiste, 2017).

Adolescents in the JJS have a high rate of past trauma, mental health conditions including substance use, and time spent in the foster care system (Baetz et al., 2022; Dowdy et al., 2022; Duron et al., 2022; Gonzalez, 2021; Robust, 2017; Winters & Beerbower, 2017). These factors contribute to the culture that adolescents have experienced before *coming to* the JJS. Interventions such as mental health, mindfulness meditation programs, and sensory-based interventions have been shown to be effective in reducing the symptoms of mental health conditions for this population (Dowdy et al., 2022; Himelstein et al., 2014; Winters & Beerbower, 2017). Sensory-based interventions help to build self-regulation strategies to cope with behavioral health problems (Dowdy et al., 2020). Some examples of sensory-based interventions that have been implemented include listening to and creating rhythmic music, exploring aromatherapy and fidgets, and practicing meditation (Dowdy et al., 2020) When the activities were completed, therapists guided the adolescents to talk through current stressors and how the activity changed their sense of regulation (Dowdy et al., 2020). Meditation and mindfulness interventions include counting and being mindful of breaths, body scans, deep breathing exercises, and the S.T.I.C. mindfulness technique, which stands for “stop, take a breath, imagine the future consequences, and choose” (Himelstein et al., 2014, p. 563). These techniques resulted in feelings of calmness, improved sleep, and decreased reoffending in adolescents in custody (Himelstein et al., 2014).

The literature that has been analyzed will be useful for guiding and developing the role of occupational therapy to provide support among adolescents in the JJS with mental health conditions to promote engagement in meaningful occupations. The interdisciplinary team should consist of personnel that have been appointed by the Director of the JJS (Khemthong, 2017). The team should consist of medical doctors, psychologists, social workers, vocational teachers, probation officers, and occupational therapists (Khemthong, 2017). Medical doctors and psychologists may be concerned with the overall health of the individual and will likely be involved early in the process. Probation officers and social workers will likely ensure the individual is feeling safe and is in contact with appropriate resources and staff. Occupational therapists will address interventions once the appropriate evaluations have taken place (Khemthong, 2017). It is important for the interprofessional team to be supportive of one another's roles and have supportive educational opportunities that lead to improved employment practices among the team members (Khemthong, 2017). It is evident that occupational therapists can be a beneficial part of an interdisciplinary team that works with adolescents in the JJS using trauma-informed practices and taking a holistic and strengths-based approach to build trust (Dowdy et al., 2022; Baidawi & Sheehan, 2020).

However, there is still limited research on the specific role of occupational therapists as it is still a developing domain of practice. There should be further focus on this area of practice for occupational therapists as this profession has the ability to positively impact adolescents in the JJS.

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