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Socialization and Community ReIntegration in the Prison Population

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**SOCIALIZATION AND COMMUNITY REINTEGRATION IN THE PRISON
POPULATION**

A Master's Scholarly Project

By

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Chapter 1: Introduction

The purpose of this project was to take an in-depth look at the area of forensic occupational therapy, which is an emerging field of practice for occupational therapists. The main goal was the development of an occupational therapy (OT) protocol that can be used within a prison system. It is believed that the development of effective programming will reduce the rates of recidivism and the tendency to lapse into a previous pattern of behavior, such as criminal activity (Office of the Press Secretary, 2004), and decrease the prevalence of reincarceration.

Approximately 600,000 adult inmates will complete their sentences and be released this year alone. Studies show that approximately two-thirds of these ex-offenders will be rearrested within 3 years of release (Office of the Press Secretary, 2004). This presents costly effects to communities, both economically and socially. In 1998 it was estimated that \$46 billion was spent on major criminal justice functions (police, judicial, and corrections). This figure does not include the high cost to thousands of victims affected by recidivism each year (Tolbert, 2002).

Through an examination of the literature, there is a new appreciation for the multiple aspects involved in practicing occupational therapy within a prison system. Nationally, with more occupational therapists moving into the area of forensic practice (Lloyd, 1995), it is noted that there is a lack of United States (U.S.) based research in this area. Many of the published research articles, regarding occupational therapy in a prison setting, are Canadian or British. The occupational therapy programs have been found to be successful in these countries. By utilizing the therapeutic concepts identified internationally, there is the potential to adapt these programs to fit the needs of the U.S.

prison population as necessary through the use of occupational therapy. These concepts will be discussed further in chapter 2.

Traditional OT roles consist of utilizing occupation and activity in the use of therapy. Occupations are “activities...of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities...(AJOT, 2002).” Activities “describe a general class of human actions that is goal directed (AJOT, 2002).” These terms are defined in the OT Practice Framework, published by the American Journal of Occupational Therapy, 2002, which guides occupational therapists in their practice. In order to utilize meaningful occupation the occupational therapist has to evaluate all aspects of an individual’s function.

The model used during the research and in the development of the protocol is the Lifestyle Performance Model. This model provides a framework for OT services in a prison setting that support transition to the community. It focuses on day-to-day behavioral demonstration of one’s values, interests, and beliefs, which are influenced by culture and experiences (Velde & Fidler, 2002). Some of the benefits of this theory include; focus on the environmental context, promotion of a balance between roles, useful application to both well and chronically ill clients, and it promotes the development of an improved quality of life that is accepted by the individual, their family and society. The Lifestyle Performance Model works well to incorporate other frames of reference depending on the personal needs of the client.

As mentioned prior, the purpose of this scholarly project was to develop an OT protocol pending an extensive literature review. Utilizing this information, the protocol was developed to add to the limited body of knowledge in regard to occupational therapy services in the U.S. penal system. This would assist occupational therapists entering into this non-traditional practice area by providing them with information on effective and efficient evaluation, and treatment intervention. Use of a framework for intervention in this area would allow occupational therapists to develop outcome measures that can be used to add to the limited body of published United States research available.

Chapter 2: Literature Review

Introduction

Approximately 600,000 adult inmates will complete their sentences and be released this year alone. Studies show that approximately two-thirds of these ex-offenders will be rearrested within 3 years of release (Office of the Press Secretary, 2004). This presents a major problem to communities both economically and socially. This problem arises from a lack of and/or inadequate therapeutic programming and funding available for inmates to aid them in the transition from prisoner to community member.

In President Bush's State of the Union Address in January of 2004 he proposed a four-year, \$300 million initiative to reduce recidivism and the societal costs of reincarceration by helping inmates find work when they return to their communities (Office of the Press Secretary, 2004). With this new focus placed on aiding inmates in successful community transition it is an opportune time for occupational therapists to come forth and offer the expertise that they possess in holistic treatment of individuals. Occupational therapists have the skills necessary to assist inmates in identifying the essential means for successful community reintegration and social participation.

Demographics

At the end of 2001 there were 1,319,000 adults confined in State and Federal prisons as well as 4,299,000 former prisoners living in society. Persons aged 35 to 44 accounted for the largest number of current and former prisoners. Caucasian males

account for the largest population ever incarcerated with African American males following closely behind. Though the overall numbers of inmates are similar between African Americans and Caucasians, the number of African American inmates accounted for 16.6% of the United States (U.S.) African American population. On the other hand Caucasian inmates accounted for only 2.6% of the U.S. Caucasian population. (Bonczar, 2003).

Economic Cost vs. Reincarceration Rate

Within three years, after release, it is estimated that two-thirds of inmates will be rearrested due to recidivism or a tendency to lapse into a previous pattern of behavior such as criminal activity (Office of the Press Secretary, 2004). In 1998, it was estimated that nearly \$46 billion was spent on major criminal justice functions (police, judicial, and corrections). This figure does not include the high cost to the thousands of victims affected by recidivism each year. Currently there is no specific research available identifying the monetary costs of recidivism to victims and society due to the resulting and often unseen expenses that occur when an individual is the victim of a crime. The high rates of recidivism also lead to a disruption of family and community life, endangerment of public health, and may lead to disenfranchisement and homelessness. (Tolbert, 2002). These consequences can ultimately lead to further increases in the number people incarcerated each year, increasing societal costs and decreasing public safety.

One study, completed in Delaware (2004), found that the rate to provide rehabilitation services was approximately \$6.00 more per day than the rate for

incarceration alone. Though this statistic would seem to favor not providing rehabilitation programming, there are certain factors that have not been taken in to consideration. Economic benefits that result from providing rehabilitation programming include employment, reduced dependence on social welfare programs, costs of health consequences of drug use, and reduced cost of repeat offenses in criminal justice expenses associated with reincarceration. (<http://alcoholism.about.com>, 2004). It is evident, from these statistics, that a large percentage of the population is affected by the costs and societal factors. Providing inmates with the appropriate rehabilitative services will ultimately lead to an overall decrease in the cost related to recidivism and reincarceration.

Certain prisons are attempting to decrease the costs related to recidivism and reincarceration through the development of programming in prisons. In a study by the U.S. Department of Education (2002) it was found that through participation in state correctional education programs, the likelihood of reincarceration was reduced by 29%. In a Federal Bureau of Prison's study it was found that the rate of reincarceration was decreased by 33% among those inmates who were enrolled in vocational and apprenticeship training (Tolbert, 2002). Currently there is no data available in the literature distinguishing the precise economic savings that would occur from providing rehabilitation services. The literature does agree that it would decrease economic and societal costs related to recidivism and reincarceration (U.S. Department of Education, 2002 & Tolbert, 2002).

Current Rehabilitation Programming

An article by Lawrence, Mears, Dubin, and Travis (2002) addresses the types of programming available in the United States. The types of formal programming currently available include; educational programming, vocational training, prison industries programming and employment services. Educational programming typically includes; adult basic education classes, high school/general education degree classes, and post-secondary classes. Vocational training typically involves skills development in a particular trade or industry such as; carpentry, electronic services, and welding. Prison industries programming generally entails work in a particular industry including traditionally based industries (i.e. license plate manufacturing, laundry, and food service) as well as farming, textiles, and restoration. Employment services training often includes providing assistance in how to obtain and retain employment including; job interviewing skills, resume development, and professional workplace habits. Though one or more of these programs are offered at many facilities approximately 10% of facilities offer no form of rehabilitation programming (McCollister & French, 2002).

Many successful offender programs have been created throughout the world with the primary published research deriving from other countries such as Canada and the United Kingdom. This research has led to the identification of certain characteristics that contribute to the success of a reintegration/socialization program. Overall, these characteristics of successful programming are similar between U.S. and international research though international research is more prevalent. One study published by the Urban Institute (2002) outlines the principles of effective intervention identified from the

most efficient U.S. programming. These characteristics include (Lawrence, et. al., 2002, p. 9):

- Focusing on skills applicable to the job market,
- Matching offenders' needs with program offerings,
- Ensuring that participation is timed to be close to the offender's release date,
- Providing programming for at least several months,
- Targeting offenders' needs that are changeable and may contribute to crime, i.e. attitudes, pro-social activities,
- Providing programs that cover each individual's needs and are well integrated with other prison programs to avoid potential redundancy or conflict across programs,
- Ensuring that prison programming is followed by treatment and services upon release from prison,
- Relying on effective program design, implementation, and monitoring, and
- Involving researchers in programs as evaluators.

United States Intervention Gaps

Services

In the United States many facilities typically do not address the characteristics of successful programming identified by the Urban Institute, which may contribute to their poor success and utilization rates. Factors contributing to current ineffective facility programming include; lack of funding for pre-release programs, poor assessment of offender needs with relation to programming offered leading to decreased motivation to participate, the timing of implementation, lack of outcome and evaluation research, under qualified instructors, outdated curricula, and a deficiency of standardized program requirements among U.S. facilities. (Lawrence, et. al, 2002).

Lawrence, et al (2002, pp. 20-22) presented recommendations for increasing the success rates of rehabilitation programs in the U.S. prison system:

- Improved standardization and cohesiveness of the expectations required by all U.S. prison facilities,
- Increased focus of programming on offender accountability,
- Improvement in the identification of offenders' needs and matching them to the appropriate programming,
- Systematic review and updating of existing curricula,
- Involvement of community businesses in the training and employment of offenders prior to release,
- Enhanced instructor skills for teaching and navigating instruction (versus use of volunteers),
- Effective program evaluation to identify which programs work and which characteristics of the program are working,
- Develop a compilation of best practice surveys to create a foundation for research, and
- Increase documentation to include offender demand, participation, and program intensity, availability, and length.

An additional consideration to address is the cultural aspects of the individual populations. This is an important area to address when identifying appropriate treatment for inmates, as cultural differences will come into play during treatment. Through development of programming that is more client-centered and sensitive to individual and cultural needs and preferences; programming would become more meaningful and therefore increase motivation for active involvement. Also, culturally relevant programs will be more meaningful to the individual clients increasing the desire to actively participate.

Socialization

Many areas are overlooked in current programs. Often socialization is one of these that is extremely vital. Socialization is needed in all areas of community living from job retention, to family relations to establishment of a social support network. Socialization programming contributes to improved interpersonal relationships leading to the development of a sense of belonging, skills in conflict resolution, and decreased criminal activities. Improved intervention, focusing on socialization, can lead to the development of values and skills necessary for work and community settings, such as commitment, personal control, and learning to work with others (Farnworth, 2000). Inmates would benefit from intense, individualized therapy within groups containing an emphasis on socialization in order to recognize and establish a productive and healthy lifestyle. This method would be of more benefit than the brief overview of basic skills provided currently by many programs.

Community Reintegration

As important as the need to address socialization with in the inmate population, is the need for a comprehensive community reintegration program. Inmates who have been in the structured environment of the prison system for a number of years have ultimately lost many of the skills need to be productive in a community system. Many have also become institutionalized, meaning that they have become adapted to the routines of the institutional environment and/or have lost their ability to adapt to life outside the institution (Cancerweb, 1998).

There are many aspects of daily living that have likely changed for inmates during their incarceration due to the ever-changing society. Technological advances (i.e. automatic teller machines, internet, e-mail, cellular phones, etc.), budgeting for everyday expenses, identifying recreational resources and completing a job application are all areas that may have advanced and changed greatly since many inmates have participated freely in community living. Inmates may find it difficult to adapt to these changes and circumstances, which leads to an increased risk of recidivism resulting from frustration with these situations and the effects of institutionalization.

Consideration of Time Spent Incarcerated

Currently, due to poor funding sources, programs are often too short in duration to appropriately address all of the topics an inmate will need upon returning to society. It is important, when developing a program for implementation within a prison system, to consider length of time that has been spent within the system. Sentences can range from very short to very long durations with those inmates who have been in longer being more affected by changes in society. Another important consideration is that the overall goal of the legal system is to remove violent individuals from their communities to incapacitate them and protect future victims (Freudenberg, 2001). It is important to realize that because of this, the culture within a prison tends to be overall more violent than that in a general population. This can lead an inmate to have more aggressive behavior or to be mistrustful of the people around him/her. This causes inmates to be less able to adapt to societal norms when interacting with his/her neighbors, coworkers, family and friends.

Inmate Utilization

The Department of Justice estimated that while some form of treatment was available in 90% of the facilities examined, only 10-20% of inmates used the services (McCollister & French, 2000). Within state corrections, 70-85% of inmates were classified as needing some level of intervention, yet only 13% were involved in any form of treatment (McCollister & French, 2000). Though programs were found to be offered few inmates take advantage of them. One reason, for the lack of utilization of this programming, may be that it is not holistic or specific to the individual needs of the inmate. Another reason is that inmates may experience a lack of motivation to participate and it may be difficult to engage them in the therapeutic process.

Another primary reason for the decreased utilization of programming is due to the large growth of the prison population. State funded programs are unable to keep up with the demand of the ever-growing population, which has doubled within the last decade (Tolbert, 2002). Also, there is often not enough funding to employ enough rehabilitation professionals to provide treatment to all of the inmates in facilities. Other reasons have to do with security issues. "Security dictates the job that [the inmates] have (Stancliff, 1997)." Inmates are unable to attend therapy and treatment sessions when security issues arise, as conditions presented to therapy are not considered a priority or life threatening. For example when security levels are heightened due to a fight, inmates may be placed on restrictions and be unable to attend therapy as often the treatment provided is not considered vital to the life of the inmate. There is no published information available for the referral processes in the United States.

Proposed Programming

As stated prior, the majority of literature related to effective and successful programming has been published internationally in Canada and Great Britain. These programs deal mainly with forensic psychiatry and the treatment of mentally ill clients. Through examination of the literature, it is evident that there are programming interventions identified as being more effective to decrease reincarceration. Many of their recommended interventions are not present or are lacking in the current U.S. prison system programming. The comparison indicates that there is a need for the development of comprehensive services within the prison system in the United States. The programming proposed in this scholarly project is to be more inclusive to involve those inmates with and without mental illness taking into consideration the recommendations made from successful international programs.

Lifestyle Performance Model

In looking at the development of a comprehensive program it is necessary to identify the areas of performance that are essential to positive community living. In order to offer a comprehensive view of these areas the Lifestyle Performance Model created by Gail Fidler was chosen. The Lifestyle Performance Model provides a framework for occupational therapy services in a prison setting that supports transition to the community. It focuses on the day-to-day behavioral demonstration of one's values, interests, and beliefs, which are influenced by culture and experiences. The two areas of focus for discussion are areas of occupation and environmental context.

Areas of Occupation

The main areas identified in this model include activities of daily living (ADL's) and IADL's or instrumental ADL's (self-care and self-maintenance), play and leisure (intrinsic gratification), work/productivity (societal contribution), and social participation (reciprocal interpersonal relatedness). (Velde & Fidler, 2002). Each of these areas is relevant to focus on during the rehabilitation stage of incarceration as many of these occupations have been neglected while in prison. Definitions of the terms are as follows:

- ADL's include activities that are oriented toward taking care of one's own body such as bathing, dressing, and personal hygiene and grooming. This would involve preparing inmates for appropriate community living and job attainment.
- IADL's are activities that are oriented toward interacting with the environment and that are often complex and generally optional in nature. Several examples of IADL's include; care of others, driving, child rearing, communication devices i.e. computers and telephones, meal preparation, shopping, and safety and emergency procedures. Focusing on these areas of occupation will give inmates an understanding of new technology, rules and regulations as well as aid them in improving in areas that they may or may not have succeeded in prior to incarceration.
- Work/productivity activities include those that are needed for engagement in paid employment or volunteer activities such as; job performance, employment seeking and acquisition, and employment interests and pursuits. These fundamental skills are important to address to assist inmates in becoming successful and productive members of society. With successful utilization of

these skills inmates will be able to attain employment providing them with economic security, personal identification and a means for socialization.

- Social participation includes activities associated with organized patterns of behaviors that are characteristic and expected of an individual or an individual interacting with others within a given social system. Examples of these interactions include relations with the community, family and peers/friends. (American Journal of Occupational Therapy, 2002). When addressing social participation, the development of communication and interaction skills such as body language and the use of assertive versus aggressive behaviors, tones, and words are essential for consideration. Other considerations are the need for; coping skills, anger management, stress management, time management, self-esteem/self-worth, and personal responsibility programming. These topics are all areas that people who have been incarcerated tend to lack or have difficulty with either beginning prior to incarceration or as a result of incarceration.

Environmental Context

The environmental context is another important aspect of using the Lifestyle Performance Model. Environment can either support or constrain occupation and can demand participation in a set of activities. For example the prison system is limiting of participation in occupations. There are set times that inmates can participate in occupations which are generally identified by others such as prison administrators or guards. The Lifestyle Performance Model and the OT Practice Framework identify

several types of environmental contexts to consider when developing individualized intervention plans.

The different aspects of environmental context to consider when developing intervention plans include; political, temporal, cultural, social, virtual and physical. The temporal environment includes different types of time such as personal time, mechanical time, and social time. The social context includes the availability and expectation so of specific individuals. The virtual context is the environment in which communication occurs by means of airways or computers and an absence of physical contact. (AJOT, 2002). The physical environment deals with “people-created entities” or nature-created settings such as homes, institutions, churches, schools, wilderness areas, lakes and rivers (Velde & Fidler, 2002). The cultural context is defined as the customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the society of which the individual is a member. Other cultural considerations also include race, ethnicity, age, time and religion. The political environment of the cultural context, an important aspect of the Lifestyle Performance Model, deals with society’s values and interests. (AJOT, 2002).

Each of these environmental contexts can have a positive or a negative effect on the way that an individual will act and on the success of the treatment program. When a person learns to deal with situations in different contexts they will be more apt to function appropriately in the community setting. They will be provided with the means to adapt to changing situations, decreasing the effects of institutionalization.

The previous information presented, have identified the vital areas to be addressed within prison programming. These included ADLs, IADLs, work/productivity activities,

social participation, and environmental context. Through addressing each of these areas the inmate will have an increased perception of quality of life leading to decreased recidivism and an increased desire and perception to be a productive member of the community. Based on the inmate needs identified throughout the literature as well as the skills of professionals and programming necessary to meet those needs, it is our assumption that an occupational therapist has the ability to assist in closing the gaps.

Role of Occupational Therapists

Occupational therapists can play a large role in the development and implementation of correctional programming due to their professional training. “Occupational therapy can intervene to assist individuals who lack skills that can result in deficits in occupational performance by the use of directed purposeful activities (Lloyd, 1985, p. 137).” “Occupational therapy is able to analyze the problem, formulate objectives to reduce deficits and outline procedures to develop specific skills (Lloyd, 1985, p. 137).” Occupational therapists have been intensely trained throughout their schooling to be able to engage in activity analysis, recognition of individual strengths and needs and to be able to be flexible and creative with treatment interventions.

Occupational therapy is a comprehensive health care profession offering a diverse set of skills and abilities, which can be utilized within a wide variety of settings and circumstances. The Essential Functions of occupational therapists as identified by the University of North Dakota Occupational Therapy Department (2004) include:

- Observation Skills
- Intellectual-Conceptual Skills

- Emotional Stability
- Communication/Interaction Skills
- Professional Responsibility

These functions are essential to interact and communicate effectively with potential clients and peers. They provide the occupational therapist with the necessary professional skills to offer inmates client-centered approaches in a responsible and therapeutic manner. It is the expectation of Occupational Therapy Programs, especially at the University of North Dakota to prepare occupational therapy students to be competent in these areas. Occupational therapists have a deep commitment to providing competent and ethical interventions to all clients and are therefore able to put aside biases to work with the inmate population (UND OT, 2004).

By using these essential functions, occupational therapists are able to participate in the assessment process for the identification of appropriate goals. Combining their observation skills with activity analysis, occupational therapists can develop comprehensive treatment plans for use in the prison setting. Occupational therapists ability to remain emotionally stable is key to working with a population that has committed crimes, which may interfere with the therapists' personal values and beliefs. In utilizing professional responsibility the occupational therapist will be able to adhere to the rules of the facility and be aware of personal boundaries. Intellectual-conceptual and critical thinking skills are demonstrated to solve problems creatively within a restricted environment.

Occupational therapists are known for their client-centered approaches and ability to be holistic when dealing with individuals. In being client-center, occupational therapists (Law, Baum & Baptiste, 2002, p. 52):

- Have respect for clients and their families and the choices they make,
- Understand that the inmate has ultimate responsibility for decisions about daily occupations and occupational therapy services,
- Provide information, physical comfort, and emotional support with an emphasis on person-centered communication,
- Facilitate client participation in all aspects of occupational therapy service,
- Provide flexible, individualized occupational therapy service delivery,
- Enable clients to solve occupational performance issues, and
- Focus on the person-environment-occupation relationship

By implementing these client-centered considerations the occupational therapist will be able to offer each inmate an individualized program that focuses on his/her individualized needs. This in turn will lead to improved motivation as inmates will feel as though a better rapport has been established and that they have an individual identity and not merely part of a system.

Conclusion

The literature review presented the general demographic information, which indicates that the main client of a pre-release program is a Caucasian or African American male who is aged 35 to 44 years (Bonzcar, 2003). Not only is it important to address race and age it is important to identify other cultural factors such as ethnicity, religion, gender, and sexual preference. These cultural considerations need to be taken into consideration when developing programming and when considering the most

effective types of intervention for each individual. Though many facilities offer some type of programming to their inmates, few of the programs are utilized due to the lack of individualization and it's inability to fit the needs of the client (McCollister & French, 2002).

In looking at the strengths and weaknesses of established programs many key factors were noted to be vital to the success of a prison program. Such strengths include focus on individual offender needs and participation in programming close to release date. These contribute to the fact that community reintegration and socialization are two essential areas to be addressed. Current programming does not effectively address these issues as evidenced by the high recidivism and reincarceration rates as presented throughout the literature review. By aiding inmates in developing their social skills and implementing a structured transition plan for reintegration into the community, it is hypothesized that the rates of reincarceration following released will be minimized. This hypothesis is supported by the reduced rate of recidivism and reincarceration seen when educational programs are implemented into prison facilities (Tolbert, 2002). By providing increasingly comprehensive programming, it is the assumption of the authors, that there will be a further decrease in these rates.

Occupational therapists possess the skills that are necessary to develop and implement a program that focuses on socialization and community reintegration. They are competent in the skill areas of activity analysis and the identification of strengths and weaknesses. These skills are significant for developing program and client goals and implementing an individualized treatment plan. Occupational therapists possess skills in therapeutic use of self, which aids them in working with clients and in increasing the

success of their treatment. They also have the ability to be flexible throughout a variety of situations in dealing with challenging clients, program aspects, and administrators. The occupational therapist will provide a framework for treatment and offer a client-centered approach that will improve the results of programming in the prison system. This is different from the current prison programs as their programs are generic with a decreased focus on the individual needs of the inmates. Occupational therapists have extensive education in providing a variety of skill training such as socialization and group processing unlike other professionals currently practicing in the prison system.

One limitation of the literature review is the lack of research found on the United States prison systems in areas of general rehabilitation as well as occupational therapy. Many of the published articles, containing information on occupational therapy in a prison setting, are Canadian or British and therefore may not be representative of the needs of U.S. prisoners nor representative of the potential for success in the United States. It is important to note that the Canadian and British programs have been found to be successful in these countries. By utilizing these concepts, there is the potential to adapt these programs to fit the needs of the U.S. prison population as necessary through the use of occupational therapy.

Chapter 3: Activities/Methodology

The design for the protocol is based on a comprehensive literature review addressing the issues related to prison rehabilitation. The results of the literature review indicate that there is a need for intervention materials and protocols for occupational therapists working in the prison system. This information was used to design an occupational therapy protocol developed for use in a prison rehabilitation program with an emphasis on social participation and community reintegration.

The literature that was examined identified the importance of prison rehabilitation as well as outlined several current programs available abroad. What was lacking in the literature was information for occupational therapists working in the United States Prison System. The majority of the published research was found to be Canadian or British. The programs designed in these countries have proven to be beneficial and cost effective for the prison facilities and to society as a whole. In identifying the success of these international programs it was concluded that the United States could benefit from these types of programs focusing on social participation and community reintegration.

The process of developing the protocol began with identifying and addressing areas that are important to community living. It was also necessary to identify the common deficits that individuals within the prison population may possess. The Occupational Therapy Practice Framework and the Lifestyle Performance Model were then used as guides to identify and match these areas of need within an occupational therapy frame of reference. The primary organization for the protocol came from the classification of the complexities of the areas of need. These areas of need, in order, are; coping skills, stress management, anger management, communication skills, social

participation, self-esteem/self-worth, ADLs, IADLs, leisure interests/pursuits, technology, and vocational activities. This organization for the protocol came from personal experiences in teaching these skills as well as information found in the literature and the Framework.

It was important to organize the process by addressing the most basic skills first to provide a basis for learning other skills. The protocol begins by focusing on coping skills. Each week a more complex idea or skill is introduced ending with the final week and most complex goals of vocational activities. By organizing the protocol in this way, clients have a stronger base for success as they build a repertoire of abilities and skills to be used upon returning to the community.

Activity examples provided in the protocol were gained from a variety of sources. All of these sources have been utilized by therapists and have been proven to be successful in assisting clients with achieving their goals. The activities used can be applied to a number of different settings and the sources are easy to obtain. The sources used for activity examples are:

- Khalsa, S. S. (1996). *Group exercises for enhancing social skills & self-esteem*. Professional Resource Press: Sarasota, Florida.
- Butler, C. A. (2001). *100 interactive activities for mental health and substance abuse recovery*. Wellness Reproductions Publishing, LLC.: Plainview, NY.
- Precin, P. (1999). *Living skills recovery workbook*. Butterworth-Heinemann: Boston, MA.
- Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills IV*. Wellness Reproductions Inc.: Beachwood, Ohio.

Chapter 4: Product

**Social Participation & Community
Reintegration Protocol**



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Forward

An extensive literature review was completed to identify the issues related to prison rehabilitation. Based on the literature review, it was identified that there is a need for a protocol, with supportive materials for occupational therapists working in the prison system. This occupational therapy protocol was developed for use in a prison rehabilitation program with emphasis on social participation and community reintegration. The protocol was developed taking into consideration the following principles for effective intervention identified the Urban Institute (Lawrence, et al., 2002, p. 9):

- Focusing on skills applicable to the job market,
- Matching offenders' needs with program offerings,
- Ensuring that participation is timed to be close to the offender's release date,
- Providing programming for at least several months,
- Targeting offenders' needs that are changeable and may contribute to crime, i.e. attitudes, pro-social activities,
- Providing programs that cover each individual's needs and are well integrated with other prison programs to avoid potential redundancy or conflict across programs,
- Ensuring that prison programming is followed by treatment and services upon release from prison,
- Relying on effective program design, implementation, and monitoring, and
- Involving researchers in programs as evaluators.

This protocol is based on the premise that a client needs to learn base skills before moving to the more complex skills. Based on this, the protocol is designed in the most effective order to assist the client in meeting the set of goals outlined each week. The design of the protocol also encourages extensive client involvement, which is necessary for protocol success. Through both the individual and group tasks, the therapist will present activities and facilitate discussion to assist clients in preparing for their return to community living.

It is assumed, by the authors of the protocol, that each client has been or will be evaluated, assessing their individual areas of strength and need. The recommended evaluation tool to use is the Lifestyle Performance Profile in order to establish functional levels within each domain and identify any contextual concerns to be considered. It is also assumed that an individualized treatment plan is developed, for each client, utilizing the results from the evaluation. It is important to ensure a client-centered treatment approach and tailor each session to fit the needs of the individuals in the group.

Following the 12 weeks of the protocol, each client will have created a portfolio that includes all of the work that they have done during their treatment regimen. The portfolio will contain all of treatment materials, which the clients can use as guides and references throughout treatment and upon release. Besides being a reference, clients can use the portfolio as a tool in gaining competitive employment. By having completed the prevocational training consisting of resume and application writing as well as improving work attitudes, the clients will be a stronger and more appealing candidate to employers.

Format of the Protocol

1. The topics addressed throughout the program include; coping skills, stress management, anger management, communication skills, social participation, self-esteem/self-worth, ADLs, IADLs, leisure interests/pursuits, technology, and vocational activities.
2. Each topic was organized to include; the weekly goal(s) and objectives, activity examples and criteria, therapist approach, benefits, and resources.
3. A sample collection of handouts and examples of activities were included as suggestions toward achieving the established goals and objectives. Although these are only suggestions, the rationale was provided so the therapist understands what type of activities to look for and why they would be beneficial for this clientele. If the therapist chooses to use the activities, the source was provided for his or her access, consistent with copyright laws. Individual therapists are encouraged to use their own discretion, expertise, and experience in identifying other activities to include based on individual client and group needs.

Lifestyle Performance Model & OT Practice Framework

Utilizing the Lifestyle Performance Model and the OT Practice Framework (2002), the important areas to address, when working with a forensic population preparing for release, were identified. The four domains of the Lifestyle Performance Model (self-care and self-maintenance, intrinsic gratification, social contribution, and reciprocal interpersonal relatedness) were used in the development of the protocol as well as applying the terminology found in the OT Practice Framework. The alternate

terminology was used to allow all occupational therapists, using the protocol, to be familiar with the applied terms and concepts.

The Areas of Occupation, or various kinds of life activities in which people engage, is a term identified in the OT Practice Framework. These include: activities of daily living (ADLs), instrumental ADLs (IADLs), education, work, play, leisure, and social participation, all which are addressed throughout the protocol. These themes are all components found within the Lifestyle Performance Model domains as well.

The next area addressed was performance skills. Performance skills are features of what one does, not what one has, related to observable elements of action that have implicit functional purposes. Examples of performance skills are motor, process, and communication/interaction skills. (AJOT, 2002). These performance skills are used to identify individual strengths and weaknesses of each client found through evaluation. Using this information, the occupational therapist then tailors the activities of the protocol to fit the individual needs of each client in relation to the group sessions. This step can also lead to the identification of problems, which can then be addressed in individual sessions.

An important aspect to address, within both the OT Practice Framework and the Lifestyle Performance Model, is the environment, or context, the individual will be performing their occupations and skills in. Context is crucial to assess within the prison system as well as the context that the individual will be performing in upon release. Context refers to a variety of interrelated conditions within and surrounding the client that influence performance. These include: cultural, physical, social, temporal, political, and virtual considerations.

Individuals who have been within the prison context for any length of time lose their ability to operate successfully in less structured contexts such as; the community, work, and family living. (AJOT, 2002). This concern was addressed throughout the protocol by identifying the main contexts in which each individual participates when using the individual treatment plans developed for each inmate. The change, in the amount of structure, was also addressed by incorporating the identification of societal norms into the protocol. Inmates are prepared to identify and deal with the decrease in structure outside of the prison system, in comparison to the structure level in their current environment, by preparing them to deal with the “normal” ways in which those in society operate.

Tips for the Occupational Therapist

Before beginning to work within a forensic setting, there are special considerations to attend to:

1. Security is a concern when working in this type of setting. Security personnel may be present either outside or inside the treatment setting, depending on each facilities policies. Therapy sessions are scheduled around the availability of security guards, which may interfere with the ‘ideal’ therapy process.
2. Other considerations include therapist safety. Sessions must be conducted in an appropriate space that is free from materials that could be utilized as weapons.
3. Personal boundaries are an important issue to be aware of as inmates may try to take advantage of therapists. It is vital that the OT have a strong understanding and application of therapeutic use if self.

4. Therapists should strictly adhere to the facility rules and follow the OT Code of Ethics to maintain proper boundaries and avoid risk to personal safety.

Social Participation & Community Reintegration Protocol

Week One: Coping Skills

Introduction to Week One:

Clients residing in a prison system have and are experiencing significant life changes in the areas of family, culture, freedom, socialization, etc. These factors alone place considerable stress on the individuals, adding to the stress occurring from the legal difficulties the individual has experienced. If stress is not dealt with effectively and positive methods are not found to cope with their situations, clients may experience additional limitations or consequences for their negative behaviors. Difficulty coping also lends itself to their inability or unmotivated lack of interest in participating in the protocol to the extent that is wished for and that would benefit them. For these reasons, coping skills was chosen as the first area to address to begin the transition of release into the community.

The goal of the Lifestyle Performance Model is to assist individuals in redeveloping their lifestyle patterns to improve their quality of life. Based on this, it is clear to see how the development of positive coping skills would be important to address. The clients, for whom this protocol was developed, have a history of poor coping mechanisms, some of which may have led to their incarcerations. The OT Practice Framework identifies performance skills that are necessary for the establishment of positive coping skills. These include, though are not limited to: notices/responds, accommodates, adjusts, and benefits, which are all featured under the adaptation performance skill. Addressing deficits, in these skills, will increase the clients' ability to demonstrate positive and successful coping skills.

Beginning the treatment protocol with an introduction to coping allows the OT and the clients to establish rapport and increase their level of comfort with the process.

For these reasons, it was separated from stress management. Stress management, in week two, will expect the client to start identifying specific personal traits and issues related to stress. It is the hope of the design, that if general coping strategies are introduced prior to this, the client, therapist, and group can utilize these while discussing more personal and sensitive issues in week two,

Therapist Approach:

The therapist should be aware that individuals may find it difficult and frustrating to talk about this area. Many forensic clients have had difficulty coping in the past and may be resistive to suggestions on changing past habits in coping. The therapist should be prepared to utilize therapeutic use of self to assist the client in working through this resistance.

Goals and Objectives:

The following goals and objectives focus on the development or strengthening of effective coping skills. The rationale is to assist clients in appropriately dealing with the issues that may arise, when participating in all of the sessions and following release.

Goal 1:

To provide clients with a variety of positive and healthy coping skills to effectively use during periods of stress such as dealing with their diagnoses, negative thoughts, feelings, and circumstances.

Objectives:

1. Clients will identify 2-3 appropriate and useable strategies for problem solving.
2. Clients will demonstrate the ability to use 3-4 positive and healthy coping skills to productively handle stressors.
3. Clients will demonstrate the ability to identify distorted thinking and the effects those distortions have.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that encourage the clients to identify productive ways to handle stressors.
2. Activities that assist clients in learning problem solving strategies.
3. Activities that include the opportunity for clients to participate in role-playing.
4. Activities that encourage clients to identify, refute, and replace their negative thought distortions and their effects through worksheet activities, discussion, and role-playing.

Activity Examples:

1. Solving a Problem (Objective 1)

- a. Khalsa, S. S. (1996). *Group exercises for enhancing social skills & self-esteem*. Professional Resource Press: Sarasota, Florida.

- ✓ Addresses difficulties related to performance in all areas of occupation.
- ✓ Assists clients in developing the skills necessary for problem solving including encouragement to solve problems within groups.
- ✓ It teaches clients to recognize and understand the needs of others.
- ✓ The activity is completed through discussion or role-play on information related to problem solving.

2. Past, Present and Future (Objective 2)

- a. Butler, C. A. (2001). *100 interactive activities for mental health and substance abuse recovery*. Wellness Reproductions Publishing, LLC.: Plainview, NY.

- ✓ Addresses difficulties related to performance in all areas of occupation.
- ✓ Assists clients in categorizing concerns as past, present, and future in order to differentiate what can and cannot be done.
- ✓ Encourages clients to identify productive ways to handle stressors.

- ✓ The activity is completed through a pencil and paper activity followed by discussion.

3. Distorted Thinking Role Plays (Objective 3)

- a. Butler, C. A. (2001). *100 interactive activities for mental health and substance abuse recovery*. Wellness Reproductions Publishing, LLC.: Plainview, NY.

- ✓ Addresses difficulties related to performance in all areas of occupation.
- ✓ Encourages clients to identify, refute, and replace their negative thought distortions and their effects.
- ✓ Examples of role-play scenarios are included.
- ✓ The activity is completed through worksheet activities, discussion, and role-playing.

Social Participation & Community Reintegration Protocol

Week Two: Stress Management

Introduction to Week Two:

Using coping in the introduction provided several immediate and general strategies for the clients to use. Stress management takes these coping skills one step further by having clients identify more specifically their stressful issues and situations. Following the first week, clients may begin to feel slightly more comfortable with the group setting and participants. They may be more open to speaking about feelings. Clients can then work on problem solving through these difficulties while applying and adding to effective coping strategies.

By addressing stress management, clients will be provided with ideas and skills that prepare them to handle situations that may arise when preparing for release or any stressors related to the legal difficulties from their incarceration. As stated in Week One, individuals who are unable to ineffectively deal with stress in positive ways may experience additional limitations and consequences for negative behaviors. For this reason it is important that clients be provided with techniques to assist them in stress management such as relaxation strategies.

The inclusion of stress management within the Lifestyle Performance Model and the OT Practice Framework is similar to that seen in Week One, as it is a necessary component of functioning within the areas of occupations and the domains. Many of the clients seen within an incarcerated population often have poor and at times dangerous ways of handling their personal stressors. This often leads to decreased functioning in other areas of living, such as work, ADLs, socialization, etc. For this reason, stress management is chosen to provide individuals with the tools to identify and handle the stressors that often arise from participating in other areas of living.

Therapist Approach:

The therapist should be aware that many of these individuals have a difficult time in dealing with situations that are or may be stressful. Many clients find it difficult to change their old habits and methods of dealing with stress. The therapist should be prepared to be patient when teaching new forms of stress management and to utilize therapeutic use of self if clients encounter difficulty or become resistive to utilizing the new techniques. It is important to remind clients that it will take a minimum of 21 days to change a habit. It also will take a period of time to become comfortable using the new techniques they are learning.

Goals and Objectives:

The following goals and objectives focus on the development and improvement of stress management skills. The rationale is to assist clients in appropriately and effectively identifying and managing their current stressors and stressful situations that may arise prior to and following release.

Goal 1:

To improve clients ability to successfully manage stressful situations.

Objectives:

1. Clients will identify past and current stressors and personal signs of stress and develop a plan for addressing these.

2. Clients will demonstrate the ability to decrease stress through relaxation techniques.
3. Clients will identify 3-4 healthy and unhealthy ways to deal with stress.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that encourage clients to identify their personal causes and signs of stress.
2. Activities that encourage clients to identify health and unhealthy ways to deal with stress.
3. Activities that provide clients with the opportunity to practice techniques to deal with stress such as relaxation techniques.

Activity Examples:

1. Signs of Stress (Objective 1)
 - a. Precin, P. (1999). *Living skills recovery workbook*. Butterworth-Heinemann: Boston, MA.
 - ✓ Addresses difficulties related to performance in all areas of occupation.
 - ✓ Assists clients in identifying the ways in which they react to stress.

- ✓ Allows clients to practice stopping a stressful activity or situation at the first warning sign of stress.
- ✓ Encourages clients to redirect ineffective stress behaviors before stress becomes unmanageable.
- ✓ The activity is completed through a pencil and paper activity followed by discussion.

2. Managing Stress Through Meditation (Objectives 2 & 3)

- a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*

IV. Wellness Reproductions Inc.: Beachwood, Ohio.

- ✓ Addresses difficulties related to performance in all areas of occupation.
- ✓ Provides clients with an example of a relaxation technique that is useful in managing stress.
- ✓ Encourages clients to identify healthy and effective ways in which to manage stress.
- ✓ Allows clients to practice meditation in a safe learning environment.
- ✓ The activity is completed through a pencil and paper activity, discussion, and a mediation experience.

3. Healthy and Unhealthy Ways to Deal with Stress (Objective 3)

a. Precin, P. (1999). *Living skills recovery workbook*. Butterworth-Heinemann: Boston, MA.

- ✓ Addresses difficulties related to performance in all areas of occupation.
- ✓ Encourages clients to identify the past and current healthy and unhealthy ways in which they deal with stress.
- ✓ Promotes the identification of other healthy ways in which to deal with stress.
- ✓ The activity is completed through a pencil and paper activity followed by discussion.

Social Participation & Community Reintegration Protocol

Week Three: Anger Management

Introduction to Week Three:

Clients within the prison system are often more violent and angry than individuals within the general population. This is due to the overall goal of the correctional system, which is to remove violent individuals from the society. Anger can be the result of many factors of an individual's life, history, and personality. Besides being more prone to anger, many of these individuals are unable to appropriately deal with their anger. This may have led to numerous problems throughout their lives and may have contributed to their incarceration. Individuals, who have been within a prison system for any period of time, may have further developed their ineffective strategies of dealing with anger in an attempt to cope with prison life. It is important to provide inmates with the skills necessary to cope with their anger; allowing them to be more successful in returning to community living and to decrease the chance that their anger will lead to recidivism or reincarceration.

The inclusion of anger management, within the Lifestyle Performance Model and the OT Practice Framework, is similar to that seen in Weeks One and Two. In order to be successful within the areas of occupation and the domains, individuals must develop the self-control to manage their anger effectively. The inability to control and properly communicate anger can lead to dysfunction in many areas of daily living. Clients who experience problems with controlling their anger may become isolated or feared by others due to violent or disproportionate reactions. This leads to a decrease in positive interaction and socialization with peers, co-workers, friends, and family. For this reason, anger management was chosen to focus on in Week Three to prepare clients for

increasing their ability to control their anger and resolving conflicts throughout different situations.

Therapist Approach:

The therapist should be aware that these individuals likely do have a history of some type of violence. Talking about issues, related to anger, may cause feelings to resurface and the therapist may need to be prepared to assist clients in resolving conflicts or diffusing situations before they become out of control. The therapist should use caution in bringing up any sensitive subjects and should consult facility policy related to discussing reasons for incarceration. Sessions related to this topic will be more effective if the discussion is facilitated in such a way that clients are able to identify sensitive subjects. The therapist should also have the tools used in weeks one and two, available for the clients to use during this week.

Goals and Objectives:

The following goals and objectives focus on the development of skills in anger management. The rationale is that the clients will begin the process of appropriately dealing with their anger and learning ways in which to effectively resolve conflicts. This will improve the clients' success in the following weeks and as they reintegrate into society.

Goal 1:

To assist clients in understanding the importance of anger management and conflict resolution, resulting in an improved ability to positively interact in society.

Objectives:

1. Clients will identify their personal responsibility in controlling their anger.
2. Clients will identify and demonstrate steps to conflict resolution.
3. Clients will identify and demonstrate health ways to release anger.

Goal 2:

To assist clients in developing anger management skills to improve their ability to appropriately deal with feelings of anger.

Objectives:

1. Clients will explore sources of personal anger.
2. Clients will identify negative ways to deal with anger.
3. Clients will identify the consequences of not dealing with anger appropriately.
4. Clients will develop a collection of personal anger management techniques.
5. Clients will display an improved ability to control anger with peers and staff.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that encourage clients to identify sources of anger and agitation.
2. Activities that encourage clients to identify positive and healthy ways in which to deal with anger.
3. Activities that allow for discussion of the effects of poor anger management.
4. Activities that allow clients to practice conflict resolution.

Activity Examples:

1. Don't Let Them Push Your Buttons (Goal 1, Objective 1; Goal 2, Objective 1 and 3)
 - a. Butler, C. A. (2001). *100 interactive activities for mental health and substance abuse recovery*. Wellness Reproductions Publishing, LLC.: Plainview, NY.
 - ✓ Addresses difficulties related to performance in the areas of occupation of leisure, work, education, IADLs, and social participation.
 - ✓ Assists clients in identification of sources of anger and agitation.
 - ✓ Assists clients in learning ways to prevent anger responses.
 - ✓ Teaches clients that the anger responses that they have are within their control.

- ✓ The activity is completed through a pencil and paper activity followed by discussion. Role-play can also be utilized.

2. Conflict Resolution (Goal 1, Objective 2; Goal 2, Objective 3)

- a. Butler, C. A. (2001). *100 interactive activities for mental health and substance abuse recovery*. Wellness Reproductions Publishing, LLC.: Plainview, NY.

- ✓ Addresses difficulties related to performance in the areas of occupation of leisure, work, education, IADLs, and social participation.
- ✓ Provides clients with steps to resolving conflict.
- ✓ Allows clients to practice using conflict resolution techniques.
- ✓ The activity is completed through a pencil and paper activity, role-playing, and discussion.

3. Anger Management (Goal 2, Objectives 1-3)

- a. Precin, P. (1999). *Living skills recovery workbook*. Butterworth-Heinemann: Boston, MA.

- ✓ Addresses difficulties related to performance in the areas of occupation of leisure, work, education, IADLs, and social participation.
- ✓ Assists clients in understanding the sources of anger and its negative effects.
- ✓ Encourages clients to identify appropriate and healthy ways to deal with anger.

- ✓ Encourages clients to practice using positive anger management techniques.
- ✓ The activity is completed through a pencil and paper activity, discussion, and journaling.

Social Participation & Community Reintegration Protocol

Week Four: Communication Skills

Introduction to Week Four:

In the OT Practice Framework, communication/interaction skills are addressed under performance skills, as they are a necessity for function in all of the areas of occupation. Communication skills and interaction skills can be thought of as conveying ones needs and/or wants to others as well as communication in social, work or family situations. Within the Lifestyle Performance Model appropriate communication is necessary for functioning within each of the domains. Interaction with others is an important part of establishing a healthy life style, which is unable to be achieved without the ability to communicate to and with others.

Good communication skills are important in all areas for successful functioning such as; family, peer, friend, and work relationships. Often individuals who have been in the prison system already have poorly developed communication skills, which may become even less refined during their incarceration. A lack of these important skills can lead to deficits in all areas of functioning, especially social functioning, and can make transitioning into a community setting more difficult. Difficulty with communication can also lead to social isolation and to poor choices related to use of leisure time. For these reasons, communication skills is chosen to address at this point in the treatment protocol to assist client in preparing for increased success in the weeks to follow.

Although the clients have previously been expected to communicate on personal issues, this week now focuses specifically on their communication style. Feedback is essential during this week. Up to this point the occupational therapist has had three weeks to observe the clients' communication styles which will allow the therapist to approach this area for effectively and objectively. The clients have also had three weeks

of practicing stress management, anger management, and coping skills and may be better prepared, at this point in treatment, to deal with the feedback they will receive.

Therapist Approach:

The therapist will be most effective if he/she is able to model good communication skills to the clients. The therapist must also be patient and supportive in working with this topic, as many clients have not had much experience in effective and positive communication. Clients may become frustrated with understanding the importance of perception, voice tone, and body language in communicating. Certain cultural considerations may need to be taken in to account in relation to personal space, eye contact, etc., so it is recommended the therapist research the various cultural preferences of his or her clients.

Goals and Objectives:

The following goals and objectives focus on assisting the client in developing good communication skills. This includes, but is not limited to, the use of appropriate voice tone and body language, listening skills, and perception. The rationale is to assist clients in developing these skills to improve their success in all aspects related to re-entering society.

Goal 1:

To improve client communication skills in preparation for their return to the community, assist in job acquisition and improve social interactions.

Objectives:

1. Clients will identify what are appropriate communication skills and what makes them appropriate.
2. Clients will identify what are inappropriate communication skills and what makes them inappropriate.
3. Clients will demonstrate positive and appropriate voice tone and body language during conversation.
4. Clients will demonstrate active listening skills while engaged in conversation.
5. Clients will identify the importance of perception while communicating with others.
6. Clients will develop a plan to improve communication skills with all group members contributing support and suggestions.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that include the opportunity for clients to participate in role-playing.
2. Activities that assist clients in identifying societal norms related to communication.
3. Activities that encourage clients to utilize good listening skills while communicating with others.
4. Activities that involve discussion related to the role of perception in communication.

Activity Examples:

1. Conversation Skills: Is Where It's At (Objective 1)

- a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*

IV. Wellness Reproductions Inc.: Beachwood, Ohio.

- ✓ Addresses difficulties related to performance in all areas of occupation.
- ✓ Assists clients in recognizing and developing good communication and conversation skills.
- ✓ Encourages clients to identify the communication skills that they currently use.
- ✓ The activity is completed through a pencil and paper activity followed by discussion. Role-play may also be used.

2. Listening Skills: Is Where It's At (Objective 2)

- a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*

IV. Wellness Reproductions Inc.: Beachwood, Ohio.

- ✓ Addresses difficulties related to performance in all areas of occupation.
- ✓ Assists clients in understanding the importance of good listening skills during communication.
- ✓ Encourages clients to identify their current proficiency in using listening skills.
- ✓ The activity is completed through a pencil and paper activity followed by discussion. Role-play may also be used.

3. Role-play conversations that may occur in life situations consisting of different tones, content, and body language.
 - a. Examples: Conversations with employers, dealing with a rude waitress, speaking to a child, etc.
 - ✓ Addresses difficulties related to performance in all areas of occupation.
 - ✓ Allows clients to have input into the role-play scenarios that are included in the treatment session.
 - ✓ Provides clients with the opportunity to practice participating in conversations in a safe environment.
 - ✓ The activity is completed through role-play followed by discussion.

Social Participation & Community Reintegration Protocol

Week Five: Social Participation

Introduction to Week Five:

Individuals who have been incarcerated tend to a history of poor and/or negative participation in social situations. They have been unable to adhere to societal norms and may have been involved in unhealthy, negative social relationships, activities, and interactions. Social participation is a vital aspect of reintegration into the community. Clients need to be successful in this area in order to succeed in many other areas of occupation such as work, education, leisure, and IADLs. Having positive, good social relationships and activities can lead to decreased recidivism and a more positive contribution to society. Social participation was chosen to address during this week in order to improve success in transitioning back into society and in other areas addressed in the protocol. This topic builds off of communication skills, as it requires the clients to look at all areas that contribute to positive social participation.

Social participation is addressed throughout the OT Practice Framework and the Lifestyle Performance Model. In the Lifestyle Performance Model, social participation, or interpersonal relatedness, is one of the four main domains. Within the OT Practice Framework, social participation is outlined as one of areas of occupation. It focuses on the areas of participation with community, family, peers, and friends. Addressing each of these areas will provide clients with the necessary skills to be successful in interacting with the people he/she has contact with.

Therapist Approach:

The therapist working with should first encourage clients to provide examples of appropriate social participation. The therapist should be prepared to assist clients in this

task and offer several examples of appropriate social participation. He/she should also be prepared to meet some resistance by clients in relation to social norms and expectations. Discussion should be facilitated regarding the reasons for resistance as well of the consequences of resistance. Many of these individuals have not led a life based around conforming to social norms and therefore may not be open to certain suggestions related to them. The therapist should be prepared to utilize tact and therapeutic use of self in working through this resistance. Members of the group can be used as support and to assist in generating ideas for each other while identifying appropriate and inappropriate social participation

Goals and Objectives:

The following goals and objectives focus on understanding the importance of and developing skills in positive social participation. The rationale is to assist clients in effectively participating in social situations to decrease their risk of reincarceration.

Goal 1:

To improve clients understanding of appropriate participation in society increasing their chances of success when they return to the community.

Objectives:

1. Clients will identify societal norms and the importance of utilizing them in social participation.
2. Clients will engage in appropriate social interactions with peers and staff.

3. Clients will identify the importance of involving ones self in positive social participation.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that encourage clients to recognize societal norms.
2. Activities that assist clients in developing ways in which to adhere to societal norms including identifying the difference between right and wrong.
3. Activities that assist clients in developing skills in having respect for others.
4. Activities that assist clients in replacing old habits of social participation with those that are more positive.

Activity Examples:

1. Good Manners: Consideration and Respect for Others (Objectives 1 and 2).
 - a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*
IV. Wellness Reproductions Inc.: Beachwood, Ohio.
 - ✓ Assists clients in identifying personal areas for improvement related to manners and respect for others.
 - ✓ Encourages clients to examine their personal behaviors in social situations.
 - ✓ The activity is completed through a pencil and paper activity followed by discussion.

2. Social Skills 4 Life (Objectives 2 and 3)

- a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*

IV. Wellness Reproductions Inc.: Beachwood, Ohio.

- ✓ Assists clients in examining their functioning within social participation.
- ✓ Encourages clients to expand and grow in their social awareness.
- ✓ Encourages clients to explore positive experiences in social participation.
- ✓ The activity is completed through a pencil and paper activity followed by discussion.

3. Right or Wrong (Objectives 2 and 3)

- a. Khalsa, S. S. (1996). *Group exercises for enhancing social skills & self-esteem*. Professional Resource Press: Sarasota, Florida.

- ✓ Assists clients in understanding how their personal values impacts their social participation.
- ✓ Promotes insight and understanding into the values of others in society.
- ✓ Encourages cooperation with others to increase success in social participation.
- ✓ The activity is completed through a collaborative group task followed by discussion.

Social Participation & Community Reintegration Protocol

Week Six: Self-Esteem and Self-Concept

Introduction to Week Six:

Self-esteem and self-concepts are important aspects for successful functioning in all individuals. It is especially important in working with clients within the prison system. These individuals have placed themselves in a difficult situation that has likely affected the way in which they view themselves or possibly due to the way they view themselves. Research indicated that often these clients, who have poor self-esteem and self-concept, find it more difficult to participate in positive interactions with others, participate in positive social activities, find employment, and become positive contributors to society. Poor self-esteem and self-concept can lead to an increase risk of recidivism as clients may feel as though they are not worthy of doing good or of positive reactions from others. If they feel inadequate about themselves, they participate in a self-fulfilling prophecy of doing wrong because they believe that they are bad or have no other options. At this point in time clients will be ready to address these more abstract concepts. For these reasons self-esteem and self-concept is chosen to address at this point in the treatment continuum.

By week six, clients may feel more comfortable in sharing and participating in discussion on this personal issue. The occupational therapist can pull from the information and skills gained in weeks one through five to help the clients identify the strengths as well as the weaknesses they have demonstrated. Strategies can then be developed to address the areas of improvement and build upon their strengths.

A positive self-esteem and self-concept is vital to functioning in all of the areas of occupation addressed in the OT Practice Framework and all of the domains outlined in the Lifestyle Performance Model. By assisting clients in improving in these areas they

will be more successful in achieving the goals addressed in the topics in the following weeks. Using the skills that they have developed in the preceding weeks, they will more open to looking at their self-esteem and self-concept and the impact that it has had on them in the past and the impact that it can have on them in the future as they reintegrate back into society.

Therapist Approach:

The therapist should be prepared for clients to experience emotional reactions. These could include anger, avoidance, or even crying. The therapist should encourage clients to reflect back on the skills learned up to this point to assist them in dealing with these feelings. Many clients have not had a history of looking at themselves in this manner and may have some difficulty in doing so. Since they have not had much experience, they may appear to respond superficially, which may be their developmental level for this area. Feedback may need to be provided to clients, by the therapist, to assist them in looking at themselves in this way. The therapist should be prepared to utilize therapeutic use of self to assist clients in working through these difficult feelings.

Goals and Objectives:

The following goals and objects focus on assisting clients in developing the skills for creating a positive self-esteem and self-concept. They encourage clients to look at their lives, why they have made the choices that they have, how those choices have shaped the way in which they currently think about themselves, and what changes can be made in their lives to improve how they see themselves. The rational is to assist clients

in developing a positive self-esteem and self-concept to improve their success in becoming positive contributors to society.

Goal 1:

To improve client's self-esteem and self-concept for a more confident functioning in day-to-day interactions.

Objectives:

1. Clients will identify positives about self.
2. Clients will identify the importance of having positive role models.
3. Clients will identify positive roles models with whom they can connect with upon release.
4. Clients will identify personal values and how they relate to their current situation.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that encourage clients to identify positive attributes about themselves.
2. Activities that allow clients to identify the positive role models in their lives and how these role models have impacted their lives.
3. Activities that encourage clients to think about how their life choices have impacted others and how others view them.

4. Activities that encourage clients to reflect on how they have positively impacted others lives to increase their sense of self worth.
5. Activities that encourage clients to identify their personal values and work to develop a healthy and positive belief system.

Activity Examples:

1. Positive Affirmations are Self-Esteem Boosters! (Objective 1)
 - a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*
IV. Wellness Reproductions Inc.: Beachwood, Ohio. My Role Models.
 - ✓ Encourages clients to identify and accept positive qualities about themselves, while distinguishing self-esteem from arrogance.
 - ✓ Promotes comfort in speaking positively about oneself in front of peers.
 - ✓ The activity is completed through a group activity followed by discussion.
2. My Role Models (Objective 2)
 - a. Khalsa, S. S. (1996). *Group exercises for enhancing social skills & self-esteem*. Professional Resource Press: Sarasota, Florida.
 - ✓ Assists clients in understanding the impact of role models on people's lives.
 - ✓ Encourages clients to identify personal positive role models and how they have affected their lives.

- ✓ Allows clients to think about how they may have influenced others lives either negatively or positively.
- ✓ The activity is completed through a pencil and paper activity followed by discussion.

3. What I Value (Objective 3)

- a. Khalsa, S. S. (1996). *Group exercises for enhancing social skills & self-esteem*. Professional Resource Press: Sarasota, Florida.

- ✓ Encourages clients to identify and recognize their personal values.
- ✓ Promotes understanding of others values.
- ✓ Encourages clients to develop a healthy belief system with which to guide life decisions.
- ✓ The activity is completed through a pencil and paper activity followed by discussion.

Social Participation & Community Reintegration Protocol

Week Seven: Activities of Daily Living

Introduction to Week Seven:

Proper grooming and hygiene are necessary and contribute to positive self-esteem and self-image. Poor grooming and hygiene are often indicators of depression, low self-esteem, decreased motivation, and lack of initiative and/or concentration. It may also be an indicator of lack of knowledge, awareness, or skills in this area. If a person becomes aware of these area(s) he or she is more likely to improve on them. Specific areas for improvement for those clients who have been incarcerated for a long period of time may include acceptable social appropriateness within the home, the community, and the workplace.

In the OT Practice Framework, activities of daily living are addressed under areas of occupation. It is defined as “activities that are oriented toward taking care of one’s own body” (AOTA, 2002); also defined as basic activities of daily living. Examples of activities of daily living include; bathing, dressing, personal hygiene and grooming, and sleep/rest. Within the Lifestyle Performance Model activities of daily living are encompassed under the self-care and self-maintenance component; which is concerned with “caring for and maintaining the self in as self-dependent a manner as personal needs and capacities determine (Velde & Fidler, 2002).”

Therapist Approach:

The therapist needs to keep in mind that this can be a sensitive topic/subject to discuss. The therapist must keep in mind the level of self-care performed is as individualized as the clients themselves. What the therapist thinks is the “norm” i.e.

showering daily, may be the therapist's norm or biases. The norm may differ for each client and the environment that the client will be discharged to.

Also allowing the clients to identify the main points of appropriateness and norms, and address it within the group will encourage increased follow through with activities. The main points may include; socially acceptable, work acceptable norms and how to dress for an interview.

Goals and Objectives:

The following goals and objectives focus on increasing an individual's awareness of their level of self-care and goals to improve that level. The rationale is that with a socially acceptable and appropriate level of self-care, the client experience positives regarding their self-esteem, personal and professional relationships, and general outlook. The following goals have been identified to assist with preparation of gainful employment according to societal norms.

Goal 1:

To increase the client's understanding of the necessary self-care activities and wellness related to acceptable societal hygienic and health norms.

Objectives:

1. Clients will identify 3-4 personal and societal self-care expectations related to employment.
2. Clients will identify the importance of participation in healthy life practices.

3. Clients will demonstrate improved personal hygiene skills relative to work and societal appropriateness.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that outline societal “norms” relating to self-care standards according to their age, gender, and personal beliefs.
2. Group discussions encouraging clients to identify the importance of healthy life practices.
3. Positive affirmations for improved personal hygiene.

Activity Examples:

1. Step Up To a Better You! (Objective 2)
 - a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*
IV. Wellness Reproductions Inc.: Beachwood, Ohio.
 - ✓ Address areas of self-care to increase the client’s level of awareness.
 - ✓ Allows clients to set goals independently to improve their level of self-care; if unable to complete independently, the group can brainstorm for possible goals.

- ✓ There is a worksheet to be completed followed by discussion focusing on individual's goals, and how their level of self-care affects their self-esteem and relationships.
- ✓ The individual can use this worksheet as a visual reminder of their goals to increase the benefits of the activity.

2. Clean Game (Objective 2)

- a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*

IV. Wellness Reproductions Inc.: Beachwood, Ohio.

- ✓ To increase awareness and independence with grooming and hygiene.
- ✓ Encourages clients to discuss the purpose and importance of specific items used during self-cares i.e. toothbrush or lotion, through a game format similar to BINGO.

3. Wellness Family Feud (Objective 1)

- ✓ An adapted version of the Family Feud Game (© Milton Bradley) can be used to promote the learning of societal hygienic and health "norms".

Social Participation & Community Reintegration Protocol

Week Eight: Instrumental Activities of Daily Living

Introduction to Week Eight:

Clients who have been incarcerated for some time, will have not fully participated in the area of instrumental activities of daily living (IADLs). Activities such as; balancing a budget, simple meal preparation, and grocery shopping, are all essential to be able to thrive successfully outside of the prison setting. Even if a client has previously participated in these activities, it is still important to address them due to the ever-changing world outside of the prison.

In the OT Practice Framework, independent activities of daily living (IADLs) are defined as “activities that are oriented toward interacting with the environment and that are often complex—generally optional in nature (AOTA).” Some examples of IADLs, that are essential to address with this population, for successful integration would include; community mobility, financial management, home establishment and management, and meal preparation and cleanup. In the Lifestyle Performance Model, IADLs would be contained under the self-care and self-maintenance domain similarly to the area of occupation of basic activities of daily living.

Therapist Approach:

The therapist should individualize the intervention to meet the needs of each client and assist them in prioritizing those needs. When planning a meal preparation group, the therapist must take safety into consideration with the client population and whether the use of sharp instruments is safe. This may guide what meal is prepared and how it is prepared. One consideration could be having certain items chopped/diced in advance. Also, when addressing money management in a group setting it is important to

take into account the mathematical skills of the groups and provide calculators, which may be beneficial during group.

Goals and Objectives:

The following goals and objectives are a few of many possible. These are used to increase a client's independence in the areas of instrumental activities of daily living by teaching the primary skills and knowledge to execute these particular IADLs.

Goal 1:

To increase the clients' knowledge and preparation for their independence in the area of IADLs.

Objectives:

1. Clients will plan and cook 1-2 simple meals.
2. Clients will demonstrate the ability to balance a monthly budget.
3. Clients will verbalize the knowledge of how to attain an apartment.
4. Clients will verbalize the knowledge of what is good home management.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that include clients in the planning, preparation, and consuming one to two meals of their choice.

2. Take into consideration cultural considerations when choosing meals i.e. kosher diet, ethnic foods, etc.
3. Activities to incorporate financial management i.e. balancing a checkbook or a monthly budget.
4. Discussion or activities to discuss home establishment and management i.e. obtaining and maintaining personal and household possessions and knowing how to seek help or whom to contact.

Activity Examples:

1. Group members plan and cook a simple meal of their choice (within reason).

(Objective 1)

- ✓ The activity would increase the clients' knowledge of meal preparation and clean up.
- ✓ Taco salad is a good example of a simple meal with several ingredients that can be prepared by different members of the group.

2. My Budget Plan (Objective 2)

- a. Precin, P. (1999). *Living skills recovery workbook*. Butterworth-

Heinemann: Boston, MA.

- ✓ The members of the group will make a budget for themselves for the following month using money management skills.
- ✓ Clients will have to identify which expenses they must cut down on.
- ✓ Clients will begin to follow the proposed budget.

- ✓ Discussion of any difficulties in sticking to their new budget will follow.

3. What's Your Excuse? (Objective 3)

a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills IV*. Wellness Reproductions Inc.: Beachwood, Ohio.

- ✓ This worksheet is used to increase the clients' ability to accept responsibility for home management activities.
- ✓ Discussion can be sought to clarify what situations one looks for excuses and what are the excuses used to prevent home management activities from being executed.

Social Participation & Community Reintegration Protocol

Week Nine: Leisure Interests & Pursuits

Introduction of Week Nine:

In a prison setting, the inmates are unable to fully participate in leisure activities as desired. Although there may be a limited choice of activities for the individuals to become involved in, these may not be of interest to them.

With this population, the types of leisure activities that the individuals participated in prior to the incarceration may not always have been legal i.e. stealing, illegal drug use, therefore it is important to address participation positive leisure pursuits as an important dimension of group activities. In addition the individuals who have been incarcerated for a longer period of time have become accustomed to the structure of the prison setting. In acknowledging this, after release, clients will need to take responsibility and be able to independently plan and manage time in a healthy way.

Leisure in the OT Practice Framework is an area of occupation. It is defined as “a nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep.” Encompassed under this area of occupation is leisure exploration and participation. Under the Lifestyle Performance Model, this is addressed under the intrinsic gratification domain. It focuses on activity patterns that are of a personal pleasure and enjoyment.

Therapist Approach:

The therapist has to be able to educate the clients on the benefits of positive leisure participation and what is feasible. The therapist must also have the knowledge of what is available in the community for leisure or the ability to get that information for the

clients. It is also be aware of the clients' beliefs and attitudes towards leisure participation.

Goals and Objectives:

The following goals and objectives are to increase the clients' awareness of leisure activities and available community resources. They will also be used to educate the individuals on the positive benefits of leisure pursuits i.e. relaxation, to have fun, meet new people. The use of positive leisure activities will in theory replaces or phases out the negative leisure activities that might have led to the individual's incarceration.

Goal 1:

To assist clients in developing a collection of healthy/positive leisure and interests

Goal 2:

To gain an understanding the importance of participation in positive leisure pursuits in order to maintain a healthy balance.

Objectives:

1. Clients will verbalize 3-4 benefits of participating in positive leisure activities.
2. Clients will identify 3-4 positive leisure interests.
3. Clients will participate in 2-3 selected leisure activities provided by the facility.
4. Clients will develop a balanced month plan for work and leisure

5. Clients will make a list of interests and find the community services they can access for these interests so they are prepared post discharge.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Choose an activity that lists out a variety of leisure activities that clients can choose from and lead into a discussion on the importance of leisure activity.
2. Choose an activity that utilizes the clients' knowledge on pursuing individual leisure interests in a particular community.
3. Choose an activity or discuss how the clients utilize their free time (time management) and how they can plan for healthy ways to spend their free time.
4. Research what the prison facility has to offer and what privileges the individuals must have in order to participate in those chosen activities.

Activity Examples:

1. The Leisure Link (Objective 1, 2)
 - a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills IV*. Wellness Reproductions Inc.: Beachwood, Ohio.
 - ✓ Addresses the clients' awareness of leisure activities, the benefits, and available community resources.
 - ✓ Looks at the feasibility of pursuing appealing positive leisure interests.

- ✓ This can be done as a worksheet and discussion activity or can be done as clients acting out charades.

2. Leisure Scavenger Hunt (Objective 2)

- a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*

IV. Wellness Reproductions Inc.: Beachwood, Ohio.

- ✓ The purpose is to identify constructive ways to use free time and to discover and develop individual leisure interests in one's community.
- ✓ Can be done as discussion and as group work using phone books and other resources to identify where particular leisure activities can be located in that community, then the group shares their findings with the others for future reference.

3. Weekend Planning (Objective 2, 3)

- a. Korb-Khalsa, K. L. & Leutenberg, E. A. (1996). *Life Management Skills*

IV. Wellness Reproductions Inc.: Beachwood, Ohio.

- ✓ This activity encourages increased leisure involvement by evaluating use of free time, and planning healthy weekends.
- ✓ Through the use of a worksheet activity, a discussion can be generated to include a list of healthy and unhealthy activities and setting realistic goals for the weekend or for the future.

Social Participation & Community Reintegration Protocol

Week Ten: Technology

Introduction to Week Ten:

Technology is rapidly advancing at a rate that exceeds years prior. What was invented in the past decade has been revamped and improved with many complex and complicated devices that work much faster and more efficient than ever. Many inmates, who have been incarcerated for many years, are unaware of and unable to use automatic teller machines (ATM), cellular phones, and new computers along with the Internet. With an increased knowledge of current technology, the clients will find the shift from prison to community living an easier transition. The knowledge and skills acquired during this week could be applied to potential work activities also.

Technology is addressed indirectly throughout the OT Practice Framework; technology can affect all areas of occupation that we engage in throughout the day. Activities addressed include but are not limited to; community mobility (newer cars), financial management (ATM), meal preparation (microwave), leisure participation (video games), communication device use, work, and education participation (computers). As for the Lifestyle Performance Model, it is similar to the OT Practice Framework in that it is encompassed under several of the components; self-care/self-maintenance, intrinsic gratification, and societal contribution.

Therapist Approach:

The therapist would need to consider how many years each individual has spent in the system and be resourceful when constructing the curriculum for week ten. It would not be feasible for an ATM machine to be brought into the treatment setting if there is not one readily available on the prison grounds, however pictures and proper instructions

could be utilized instead. However, when learning to use a computer and to navigate the Internet, provide a handout of websites addresses that are listed so they can explore in preparation for future intervention weeks.

Goals and Objectives:

The following goals and objectives focus on educating the clients on technological advances. This will encompass learning about the new devices and also how to use the piece of equipment to their advantage i.e. using a computer and the Internet to find an apartment or employment. Utilizing the computer and the Internet will assist the transition into week eleven and job exploration.

Goal 1:

To provide clients with an introduction to technological advances in preparation for the transition from prison inmate to successful community member and employee.

Objectives:

1. Clients will identify 2-3 new technology devices utilized in the workplace and in instrumental activities of daily living.
2. Clients will demonstrate the use of 2-3 new technology tools/devices.
3. Clients will identify 3-4 rationales on how technological advances will affect them upon release.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Activities that include hands-on experience with several types of technology which should include but not be limited to; cellular/mobile phones, laptops/computers with Internet access, email, online banking, DVDs, CDs, DVD/CD players, microwave, etc.
2. Discussion group of new technology that is not feasible to be brought into the treatment setting secondary to cost, availability, or size.
3. Discussion group that incorporates how new technology will affect performance in the home, community, and at the work site.

Activity Examples:

1. Discussion groups about technology to determine areas of need.
2. Hands on activity groups with the opportunity to use new technology.
3. Discussion groups on the effects of technological advances.

Social Participation & Community Reintegration Protocol

Week Eleven: Vocational Activities

Introduction to Week Eleven:

With the completion of the first ten weeks, the individuals will have the primary skills necessary to acquire and maintain employment. Typically when employment isn't being addressed in an individual's life, he or she may tend to feel unneeded, unwanted, and isolated. However, it is now imperative to spend time specifically on vocational activities. Week eleven focuses on employment interests and pursuits, employment seeking, and discussing how the time spent in the penal system has affected their ability to do these activities.

In the OT Practice Framework, work is its own area of occupation consisting of; employment interests and pursuits, employment seeking and acquisition, and job performance. This week will focus primarily on identifying their interests, skills, and job exploration. Briefly, education will be covered, specifically the exploration of educational needs or interests to further increase the client's work proficiency needed to attain a skilled job. In the Lifestyle Performance Model, work is associated with societal contributions.

Therapist Approach:

The occupational therapist will have to be aware of cultural differences when assisting clients in searching for employment. The client's age, religion, ethnicity, educational background, prior work history, interests, and/or English as a second language would impact career selection and the hours the individual is employed. The therapist must be aware of his or her biases when discussing prior occupational performance/ behaviors and when searching for new employment. The client has his or

her own expectations for employment that the OT needs to respect. This does not mean that the OT could not provide suggestions as to what the client may be interested in or successful in based on the client's strengths and limitations.

Goals and Objectives:

The following goal and objectives focus on increasing a client's awareness of finding employment based on personal assets, limitations, likes, and dislikes relative to work. The clients will utilize new resources and information from the past weeks of training and apply it to seeking out employment such as navigating the Internet to find jobs available. The goals and objectives will also increase the individuals' awareness on the steps necessary to gain employment.

Goal 1:

To assist clients in identifying vocational interests and skills for future employment.

Objectives:

1. Clients will identify 1-3 prior careers and their job components, as applicable.
2. Clients will identify 2-3 current vocational interests and skills.
3. Clients will identify 2-3 resources for job exploration and placement.
4. Clients will demonstrate the knowledge on how incarceration has affected their work abilities.
5. Clients will identify 2-3 educational opportunities to enhance future job placement.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Discussion/worksheet identifying past careers and duties involved within those careers if applicable.
2. Through discussion the clients should be able to composite a list of vocational interests of the individual group members either through newspaper listings or the Internet.
3. Discussion on how their skills as a worker have been affected from being incarcerated.

Activity Examples:

1. Discussion group about why people work and its importance.
2. Have clients fill out checklist-type worksheets identifying past and current vocational interests and skills.
3. Discussion group about the effects incarceration has had on vocational abilities.
4. Discussion/interactive exploring educational options such as GED, higher education, or trade/ technical school.

Social Participation & Community Reintegration Protocol

Week Twelve: Vocational Activities

Introduction to Week Twelve:

During the final week, the intervention groups become more specific to the individual's skills with attaining and maintaining a job. This will consist of attainment employment and rehearsing the skills and routines needed on the job site that have been affected through time spent incarcerated. Clients will get the opportunity to rehearse situations pertaining to their employment and improve the necessary skills to gain competitive employment. The inmates will also receive information on job skills/habits necessary to maintain successful employment.

This week, employment seeking, job acquisition, and job performance, from the OT Practice Framework are addressed. Further exploring the steps necessary to attain employment such as; writing a résumé, filling out applications, and the skills needed to sustain employment such as; compliance with the norms of the work place, appropriate workplace relationships, and punctuality.

Therapist Approach:

The therapist will need to be familiar with the application process for surrounding businesses including reasonable questions for mock interviews, what to include in a résumé, and potential work skill and habits needed to maintain employment. The therapist needs to facilitate client discussion on how the prior eleven weeks has built up to this point and what skills learned in prior weeks will be necessary to maintain employment and prevent reincarceration.

Goals and Objectives:

The following goals and objectives are to assist inmates into the transition of gainful employment. The therapist will assist the clients to fill out the proper paperwork in order to be hired and participate in interviewing processes. The groups will increase the clients' awareness of important work habits including; punctuality, attendance, completion of assigned work, appropriate relationships with coworkers and supervisors, and compliance with the norms of the work setting.

Goal 1:

To assist clients in preparing for employment following release.

Goal 2:

To assist clients in the development of a clear plan for job hunting.

Objectives:

1. Clients will complete a job application.
2. Clients will develop a personal résumé.
3. Clients will successfully complete a mock interview.
4. Clients will complete and submit necessary documentation to at least one business of choice for job attainment.
5. Clients will identify 3-4 appropriate work habits important with job performance.

Activities:

It is recommended that the OT choose activities that focus on several aspects as outlined here:

1. Complete a job application for the job the individual is trying to attain.
2. When applicable, assist with résumé development.
3. Educate the clients on appropriateness (social/ADL/etc.) during interviews
4. Role-play potential mock interviews.
5. Role-play and demonstrate appropriate relationship situations with coworkers and supervisors.
6. Discussion of compliance on “norms” and necessary work habits of the work setting.
7. Discussion on how to deal with denials of jobs (coping skills)
8. Discussion on how to deal with questions on incarceration.
9. Discussion on how to prevent reincarceration and illegal behaviors; such as positive support system, buddy systems, and coping strategies.

Activity Examples:

1. Have clients complete an application form.
2. Assist clients with development of a résumé.
3. Role-play job situations (interpersonal skills) and interviews.
4. Discussion pertaining to work habits essential for maintaining a job.

Chapter 5: Summary and Conclusions

An extensive literature review was completed involving prison programs, populations, and occupational therapists working in the prison system. Through the literature review it was found that there was little United States research, literature or materials available to assist with forensic occupational therapy practice. Much of the published research on this topic is from Canadian and British Journals rather than those found in the United States.

Based on results from the literature review, a protocol was developed utilizing the literature, the Lifestyle Performance Model, and the OT Practice Framework. The terminology utilized and the concepts for intervention seen in the protocol stem from these documents. The protocol was developed in an attempt to provide occupational therapists working in the prison system a comprehensive literature review and protocol that could be used in their programming. The protocol provides occupational therapists the tools necessary to successfully begin work with a forensic program and the framework to tailor the protocol to individual and facility needs.

Using sample programs from literature published in Canada and Great Britain, the protocol was designed to focus on skills necessary for social participation and community reintegration. By creating a protocol that begins with a focus on basic skills and moves into more complex skills, individuals are able to build each week on the skill(s) learned the previous week. This leads to increased retention, motivation, and compliance of the clients in the program. The protocol is designed for use with individuals who are in their last 3 months of incarceration. The 12-week program is designed so that upon release

individuals will be prepared to or have already obtained competitive employment and have the skills needed to reintegrate themselves in to society.

Limitations of the Project

Limitations of this project include the lack of United States based literature on the topic of forensic occupational therapy and rehabilitation. The fact that there is a lack of published U.S. based research was discussed significantly in the literature review.

Another limitation includes the researchers' lack of knowledge regarding the penal system. Researchers were able to conduct research to familiarize themselves with many aspects of this system though due to security and other restrictions were not granted access to certain aspects of the system. The final limitation is the limited experience of the researchers within a forensic OT setting. Each researcher's experience is limited to a Level I Practicum at St. Peter Regional Treatment Center in St. Peter, Minnesota. Here the researchers were able to observe occupational therapy groups with current inmates at several levels of security.

Recommendations

Further recommendations include increased occupational therapy based research within forensic settings. With more occupational therapists moving into this nontraditional area, it is imperative to conduct outcome-based studies to prove the efficacy of the profession and further add to the current limited body of knowledge. It would be useful for occupational therapists using the designed protocol to do outcome-based studies on the protocol prove evidence for the efficacy of the design. Use of the

protocol can provide occupational therapists moving into this area an evidenced-based guide to model their treatment.

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