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Occupational Therapy in Community Corrections and Reentry: Program Implementation for Adult Males with Addiction

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Introduction

- In the United States, there are 6,694,100 people supervised by the criminal justice system, approximately 626,000 inmates are released from prison annually, and 83% recidivate within 9 years.^{1, 2, 3}
- In Arizona:
 - 42,272 individuals are incarcerated in prison, 5,588 are under community supervision, 18,448 inmates are released from prison annually, and 52.3% recidivate within 9 years.^{4, 5, 6}
 - 78% of inmates are in moderate to intense need of substance abuse treatment.⁴
- Risk factors:** occupational deprivation, poor time management, and drug use and drug trafficking.^{7, 8, 9}
- Protective factors:** the development of healthy leisure, time use, internal motivation and autonomy support, and healthy coping strategies.⁸
- The role of Occupational Therapy (OT) is to improve physical, psychosocial, and cognitive functions through the use of meaningful occupations and to increase occupational engagement.

Methods

Maricopa Reentry Center (MRC)

- MRC, located in Phoenix, AZ, offers programs to divert parolees from prison and support reentry into communities. The intensive treatment housing (ITH) is a 90-day program focused on criminal and addictive thinking.

Participants

- Program:** males, ages 18 years and older with a history of incarceration and addiction.
- Staff:** parole and correctional officers, counselors, and administrative personnel.

Instruments

- The following instruments informed program revisions and measured outcomes: (a) coping skills (CS) program daily questionnaire, (b) leisure education (LE) program daily questionnaires, (c) leisure activity survey, (d) MRC staff survey.

Program Design

- The author adapted the coping skills program from the Zones of Regulation® curriculum.¹⁰ The curriculum was deemed to be most appropriate for the population. The author adapted the leisure education program from a prison leisure time management program.¹¹ The needs assessment informed program content.

Coping Skills Program Session Topics

Session 1	Session 2	Session 3	Session 4	Session 5
Brain structures	Behaviors	Habits	Problem sizes	Self-regulation strategies
Executive function and dysfunction	Thoughts	Nutrition	Coach vs. critic	Gratitude journaling
Zones of Regulation®	Perspective taking	Sleep	Positive/negative self-talk	Recovery plan and support network
	Empathy vs. sympathy	Exercise	Flexible and inflexible thinking	Post-acute withdrawal syndrome
	Body awareness	Breathing	Self-regulation strategies	
		Calming strategies		
		Self-regulation		

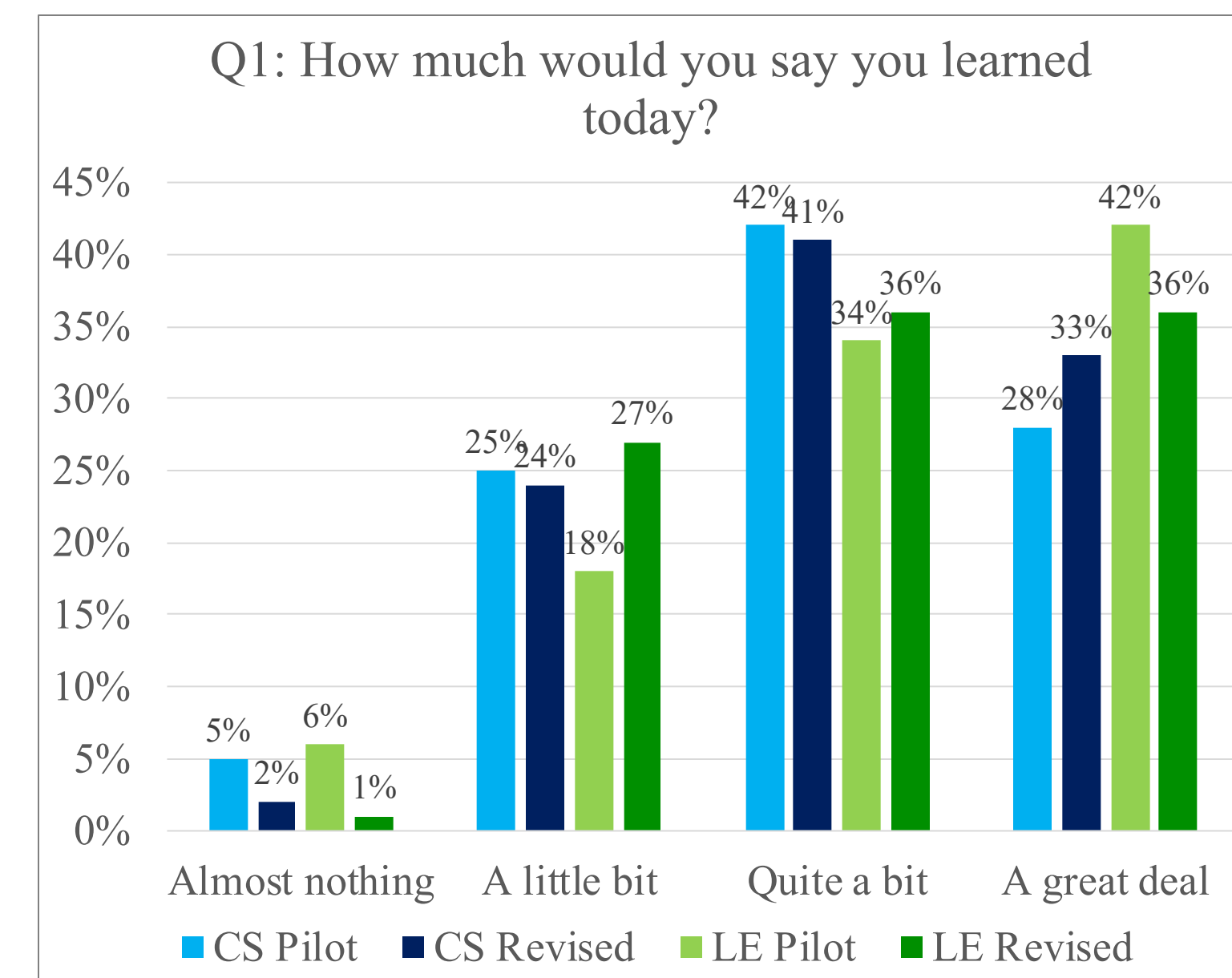
Leisure Education Program Session Topics

Session 1	Session 2	Session 3	Session 4	Session 5
Time management	Library resources	State parks	Museums	Transportation
Task prioritization	City recreational programs, activities, and parks	National parks	Annual memberships	Hotline numbers
What is leisure?		Annual memberships	Theme nights	Relapse prevention and recovery meetings
		Outdoor activities and parks	Indoor activities	Social media
		Volunteering		Community and mental health resources

Results

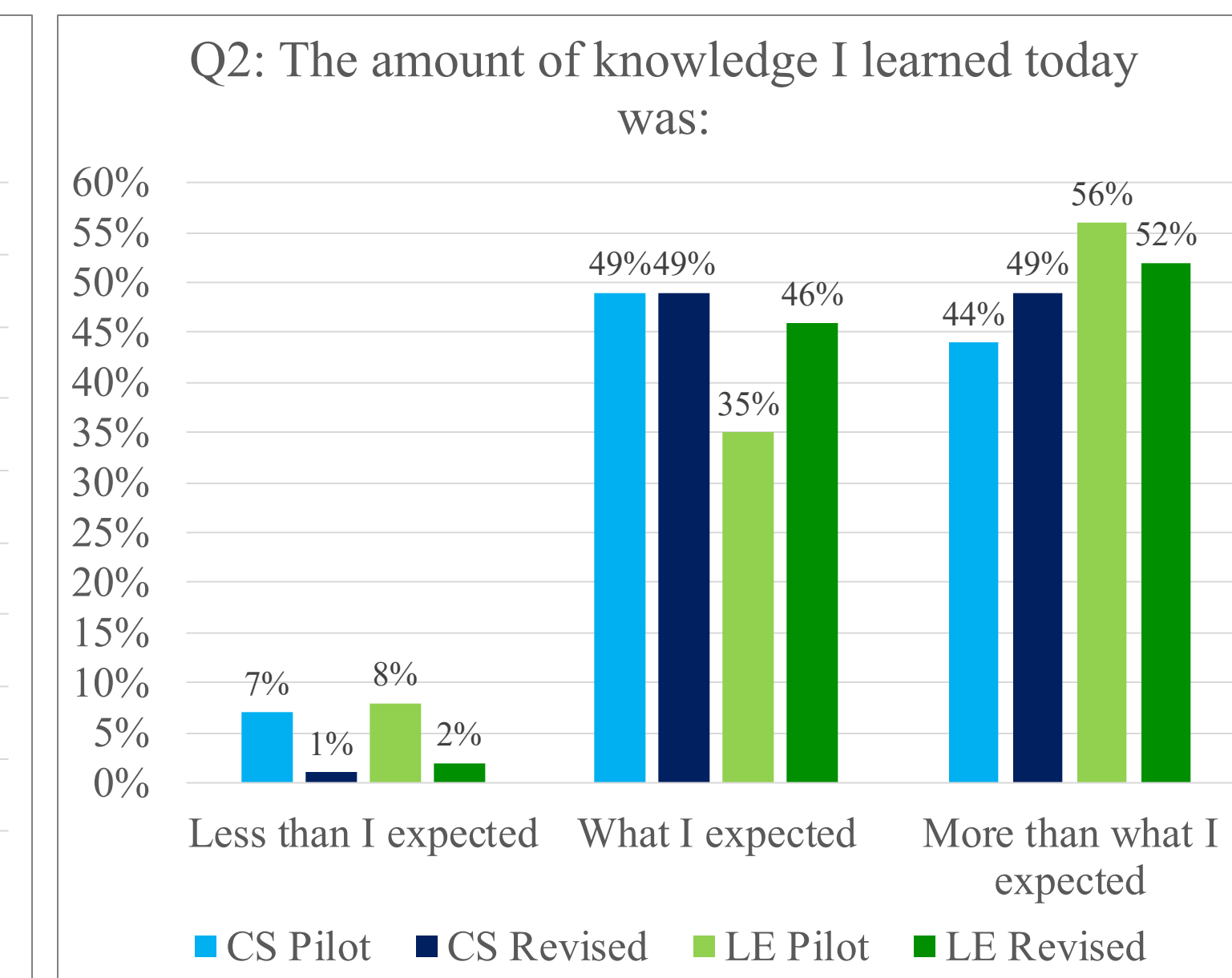
Coping Skills and Leisure Education Questionnaire

- Participants reported they learned a little bit to a great deal of information 96% of the time. The programs met or exceeded expectations over 90% of the time in the amount of knowledge learned. Participants responded to the quality of the class topics as average to very good over 94% of the time. Over 90% of the participants supported recommending the programs to a friend.



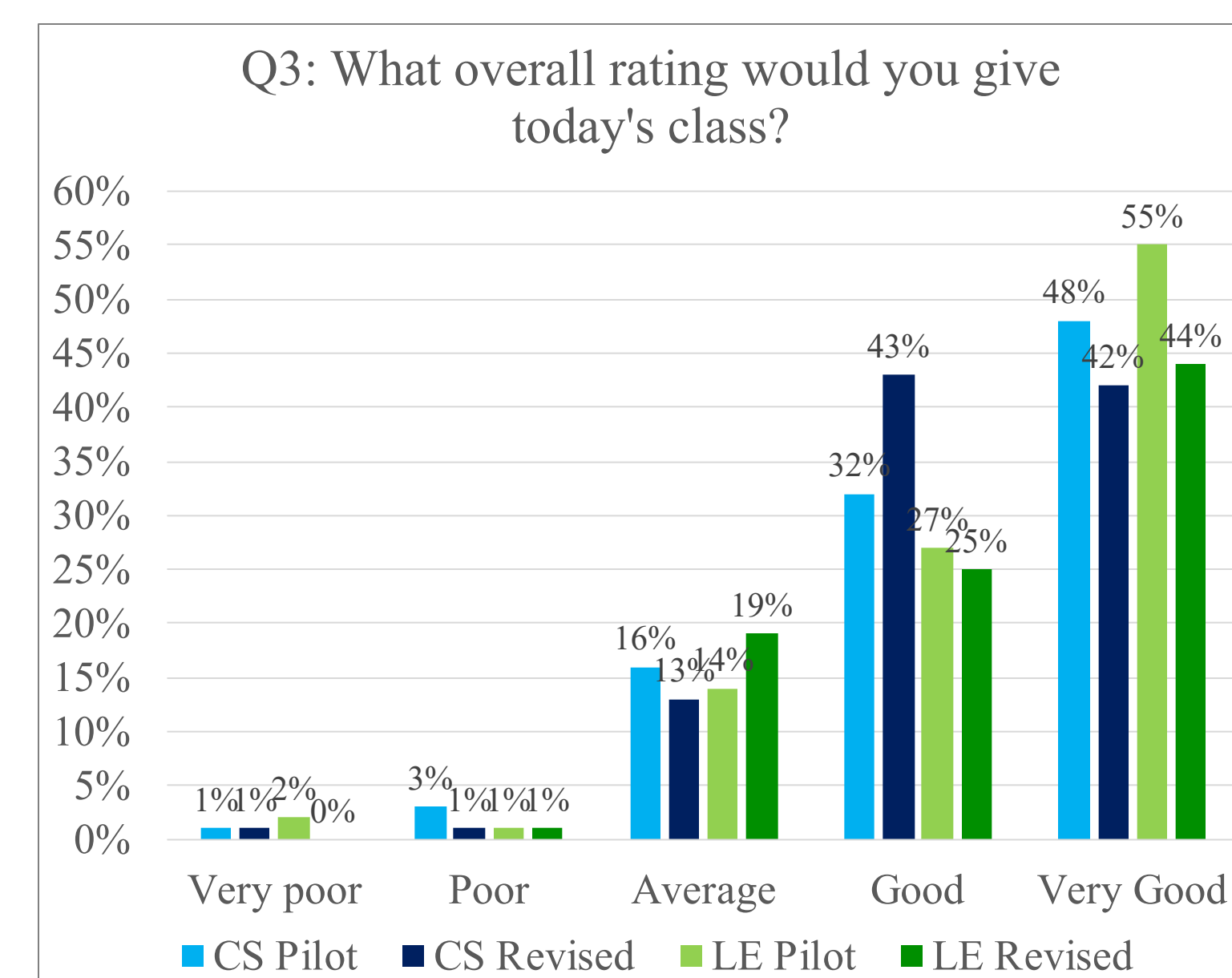
Note. CS pilot questionnaires, n=100; CS revised questionnaires, n=157; LE pilot questionnaires, n=85; LE revised questionnaires, n=153.

Figure 1. Q1 - CS and LE Daily Questionnaire



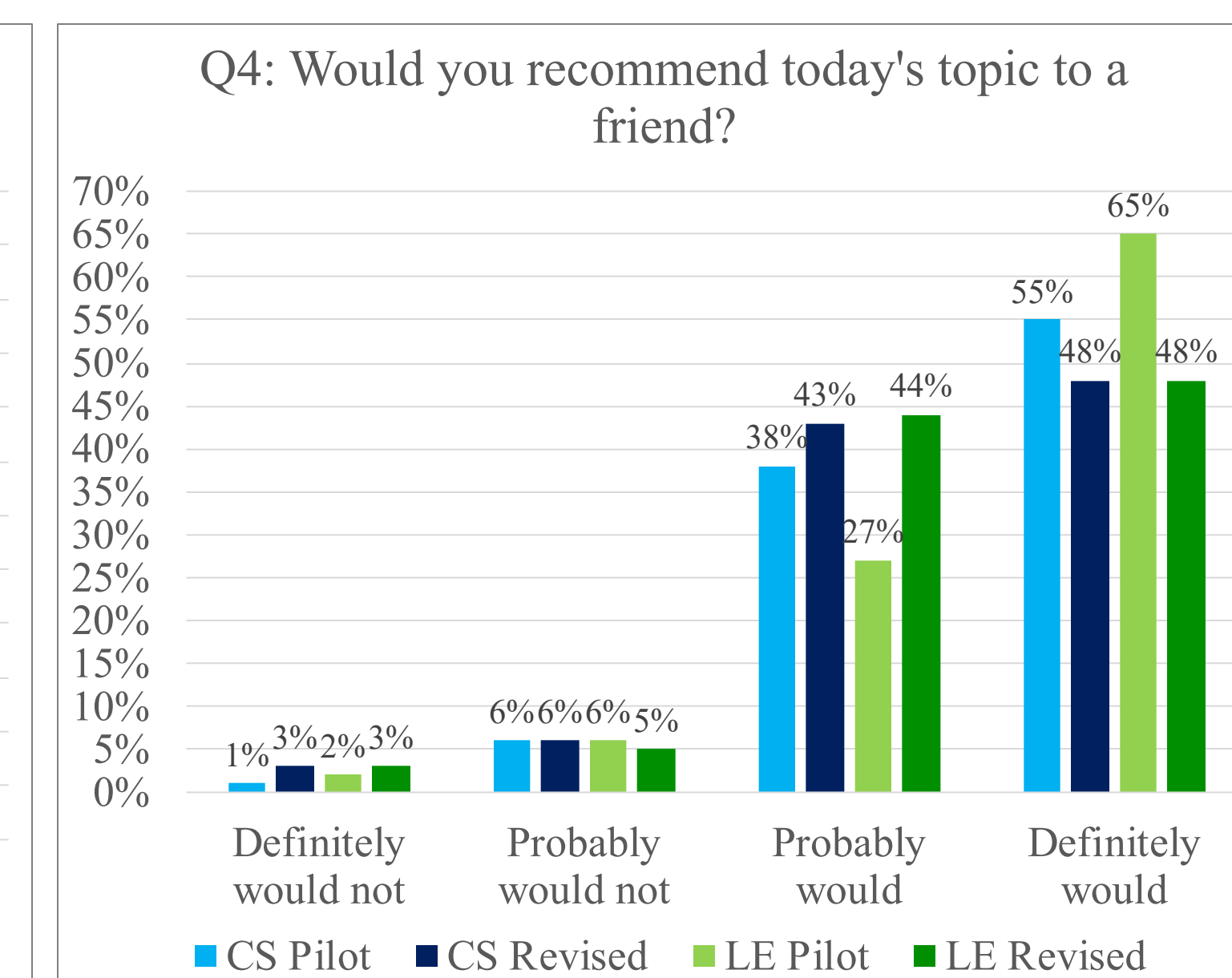
Note. CS pilot questionnaires, n=100; CS revised questionnaires, n=156; LE pilot questionnaires, n=85; LE revised questionnaires, n=152.

Figure 2. Q2 - CS and LE Daily Questionnaire



Note. CS pilot questionnaires, n=100; CS revised questionnaires, n=157; LE pilot questionnaires, n=85; LE revised questionnaires, n=151.

Figure 3. Q3 - CS and LE Daily Questionnaire



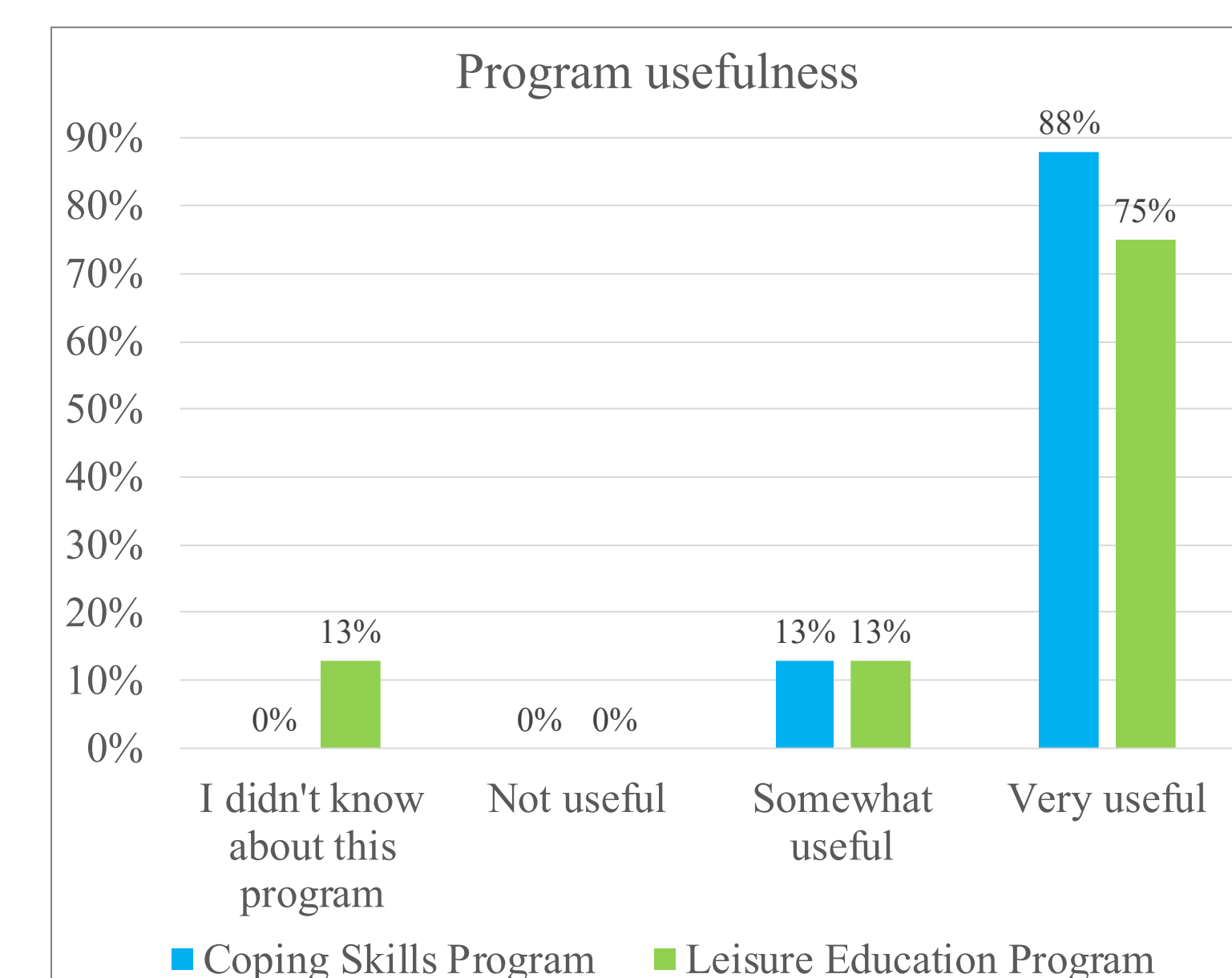
Note. CS pilot questionnaires, n=100; CS revised questionnaires, n=157; LE pilot questionnaires, n=85; LE revised questionnaires, n=153.

Figure 4. Q4 - CS and LE Daily Questionnaire

Leisure Activity Survey (n=31)

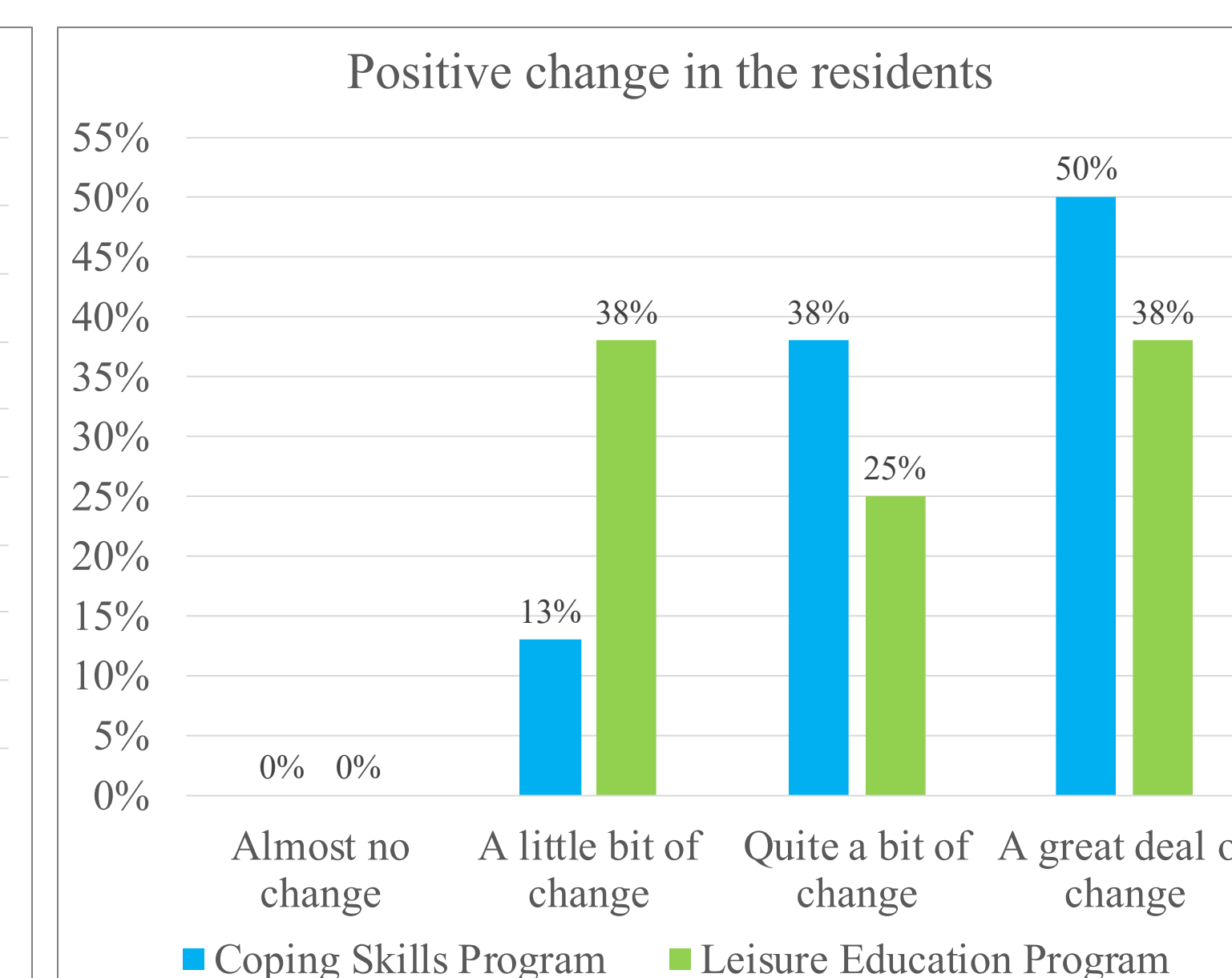
- 90-100% of participants responded to eating out, visiting friends/family, voluntary work, traveling, concerts, day trips, driving, movie theater, shopping, weightlifting, exercising, hiking, listening to music, cooking/baking, and interacting with pets, with the greatest interest.

Maricopa Reentry Center Staff Survey (n=8)



Note. MRC staff survey, n=8.

Figure 5. MRC Staff Survey Program Usefulness



Note. MRC staff survey, n=8.

Figure 6. MRC Staff Survey Participant Behavior Changes

Significant Quotes

- "What I learned most with reentry, I learned about relapse prevention. It will help me how to cope with my problems & recovery" – Participant
- "As a result of the coping program, ci's have been observed managing emotional distress, reduction of anger outbursts, improved communication regarding emotional state, verbalizing plans to manage emotions." – MRC Staff

Discussion

- A significant revelation for the participants centered on emotions as a normal part of the human experience, which is important to understand when learning new coping strategies.
- Program findings:
 - Increased pro-social self-regulation, coping, perspective taking and communication skills
 - Growth in knowledge on accessing resources
 - Proactive use of leisure time
 - Decreased anger outbursts

Limitations

- Scheduling: procedural, staff changes, and schedule changes
- Environmental: small room sizes, noisy common areas
- Budget: limited funding available for leisure activities and programming
- Program participants: convenience sample, mandatory participation
- Participant questionnaire: non-standardized survey
- MRC survey: is a non-standardized, self-reported retrospective survey

Recommendations for Future Practice

- Research**
 - Include individuals with incarceration histories on boards and committees to better understand their lived experience and specific needs of the population.
 - Allocate funding for research to measure outcomes, such as recidivism rates and program effectiveness.
 - Develop policies that include OT services to reduce recidivism.
- Collaboration**
 - Increase collaboration with universities to offer programs to reduce the burden of cost on taxpayers.
 - Develop a continuum of care from prison to the community to reduce recidivism and increase successful transition into the community.
- Occupational Therapy**
 - Establish justice-based OT service practice guidelines to build cohesive evidence-based interventions.

References

Handout available upon request.

Acknowledgements

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