Occupational Therapy: Implications for substance abuse recovery and the criminal justice system

Ashley Davis  
Pacific University

Adam Marlow  
Pacific University

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Occupational Therapy: Implications for substance abuse recovery and the criminal justice system

Ashley Davis

Pacific University
Most recent data suggests that over 22 million individuals are living with a substance abuse disorder (SAMHSA, 2010). Perhaps even more shocking than the 22 million individuals that engage in this behavior, is the fact that very few of these individuals receive treatment for this disorder. Consequently, the rate of non-violent substance related crimes continue to climb. In fact, research authors, Campbell-Heider and Baird (2012) stress, “more than 80% of individuals behind bars have a serious history of abuse and approximately half of them meet the criteria for a clinical diagnosis of dependency” (p. 8). In federal prisons, in 2011, it was reported that 48% of the prison population were committed for drug related offenses. In state prisons in 2010, this number was 17.4% (Carson & Sabol, 2012).

Overall, substance abuse and addiction is estimated to cost the United States economy roughly $559 billion per year (National Institute on Drug Abuse, 2008). A significant portion of this figure directly correlates to the costs allocated on users in the prison system. Beginning in the 1970s the United States criminal justice system saw a shift in focus from rehabilitation to one of punishment (White, Grass, Hamilton, & Rogers, 2013). Without access to treatment catered to an individual’s offense and underlying issues, studies have proven that over half (51.8%) of released offenders reoffend or are rearrested within three years time (Pew Center on the States, 2011) because they lack the necessary skills to successfully reintegrate back into the community. Additional money is spent, society and the community are threatened by criminal behavior, and the individual returns to old damaging behaviors, such as criminal conduct and drug use, because no sufficient treatment is being provided. This cyclical conundrum further contributes to the burden placed on society, as well as continues to damage and limit the individual’s wellbeing.

Due to the effects that substance abuse has on a person’s physical, cognitive, and psychosocial health, the individual’s occupational performance potential is also compromised.
Occupational performance potential is the label given to the engagement in an activity resulting from the relationship and interaction between the person, the environment, and the occupation being performed (AOTA, 2008). In this context, occupations describe the activities that make up a person’s every day. A person’s ability to perform these occupations is enhanced or inhibited based on the following factors: skill, personal and physical attributes, environment, and type of activity (AOTA, 2008). In an article that looked at applying occupational therapy (OT) to those in treatment for addictive behaviors, including substance dependency, authors, Buijsse, Caan, and Davis (1999) suggest that a substance abusing individual experiences the following deficits:

- Depression and suicidal behavior, aggression and violence, anxiety and low self-esteem,
- Intropunitive thinking and shame, poor communication skills, and a range of social problems resulting from the substance abuse and possibly the antecedents to it. A range of functional difficulties also interact with their substance use, including impoverished social networks, a lack of structure and routine, poor motivation and limited employment and leisure skills (p. 301).

Excessive and chronic substance use threatens an individual’s quality of life and one’s ability to engage with others and in functional activities, thus again it is apparent that this individual’s occupational performance potential weakens.

Occupational therapists are concerned with the how a person’s self, environment, and the activities in which he or she engages interact and overlap to affect their overall occupational performance. The American Occupational Therapy Association (2008) has documented:

“engagement in occupation as the focus of occupational therapy intervention involves addressing both subjective (emotional and psychological) and objective (physically observable) aspects of performance” (p. 628); these are the same areas identified to be problematic for substance users
as presented by Buijsse et al. (1999). This makes occupational therapy a prime candidate when it comes to substance abuse treatment and aiding in person’s recovery process. In fact, Occupational therapy has been promoted as an effective service to help substance users develop coping skills along with advancing functional daily life skills (Stoffel, 1994, p. 21).

Few studies, especially recent studies, have been conducted on this topic. Most available research addresses the effect treatment services have on those living with mental illness and not specifically substance dependency. The comparatively few studies that do look at substance abuse generally have small sample sizes, which weaken the studies external validity. Moreover, this population is often times both difficult to track and difficult to retrieve data following release from treatment programs. Further, due to moral issues regarding treatment, there is usually no control group to compare treatment versus non-treatment to.

This paper will examine the existing literature on budding treatment options available to those living with substance abuse disorders and how these treatments can be translated to working within the confined criminal justice system. Specifically, the effect occupational therapy services coupled with life skills training has on recovery and post-release community functioning will be assessed. This paper will also delve into how redirected occupational engagement contributes to crime reduction and reduced recidivism rates for those incarcerated for substance related offenses and how treatment should be extended beyond discharge.

**OCCUPATIONAL THERAPY’S EFFECT ON SUBSTANCE ABUSE**

In 2008 a non-randomized pretest-posttest research study that aimed to look at changes in occupational performance, self-esteem, and quality of life among clients who completed a substance abuse recovery program that included a life skills program as addressed by an occupational therapist was conducted. It found that all measures had large effect sizes and were
considered statistically significant. The authors discovered that a majority of participants come into treatment with low levels of occupational identity and occupational competence and show improvements in these two measures at discharge; although several saw a deep decline in these factors at a three-month discharge, scores improved again at six months discharge to match or surpass original discharge scores (Martin, Bliven, & Boisvert, 2008).

In a separate study, Boisvert, Martin, Grosek, and Claire (2008) found that relapse was significantly reduced for individuals with substance abuse disorders that participated in a peer support community program designed by an occupational therapist. While Martin et al. (2008) found increased occupational identity among participants and Boisvert et al. (2008) noticed a reduction in relapse, both utilized occupational therapy as a crucial aspect of program treatment. Additionally, both studies emphasize occupational therapy as a valuable and worthwhile treatment option for those recovering from a substance abuse disorder.

A clinical study conducted by Buijsse, Caan, and Davis (1999) that applied occupational therapy integrated within a multidisciplinary treatment provision for those with addictive behaviors concluded, “OT service is at its most effective when integrated well into the multidiscipline team” (p. 304). This study noted, however, the unique contribution that occupational therapy made on the impact of recovery due to the therapy’s ability at increasing the individual’s skill, self-esteem, and problem-solving ability.

This unique contribution of occupational therapy was also concluded by several other studies that witnessed a positive change in behavior and prolonged recovery among participants (Martin et al, 2008). More importantly, these studies noted that the change could not be attributed to occupational therapy services alone but instead due to its impact, flexibility, and
strength when combined with other treatments and as part of a dynamic multidisciplinary team approach (Chacksfield & Forshaw, 1997; Martin et al., 2008).

The other studies that looked at substance abuse and mental illness, or co-occurring disorders (COD), indicate the pivotal presence that occupational therapy has as a part of a recovery treatment team. Established from a case study with a man diagnosed with co-occurring mental illness and substance abuse, the effectiveness of occupational therapy was stated to be, “because of their focus on occupational performance as the basis for treatment in the rehabilitation process” (Roush, 2008, p. 3).

**OCCUPATIONAL THERAPY SERVICES IN CORRECTIONS**

Similar multi-disciplinary treatment programs offered in the community to those in recovery or rehabilitation are also being studied within the criminal justice system or within state correctional facilities. Utilizing occupational therapy services as a highlighted part of a community reintegration project, a study conducted out of the Allegheny County Jail in Pennsylvania found that at the time data was released, only one individual out of 59 was returned to jail at 11 months post-release. This is compared to the 60% recidivism rate seen in the county jail previously (Eggers, Muñoz, Sciulli, & Hickerson Crist, 2006, p. 32).

Other life skills corrections programs around the country have also uncovered occupational therapists as essential team members because of the connection between occupational engagement and the reduction of criminal behavior (Muñoz et al., 2011). In addition to the program found in Allegheny county, programs in Oregon and Oklahoma, “suggest occupation as a means of promoting adaptive behaviors to reduce recidivism, increase public safety, and inform public policy relative to criminal and social justice” (Muñoz et al., 2011, pp. 237-238). The exploitation of occupational therapy services within Washington
County Community Corrections has dropped recidivism rates to 37% from over 50% (Muñoz et al., 2011, p. 240). The Oklahoma halfway house (OHH) also employs occupational therapists to fulfill its goal to allow residents to successfully transition back into the community without relapsing or reoffending. In hopes of reducing recidivism rates for the facility, OHH has occupational therapists provide services that include, but are not limited to, life skills, employment, leisure, and medication management (Muñoz et al., 2011, p. 243).

**TREATMENT EXTENDING BEYOND RELEASE**

Regardless of setting, year, or individual one recommendation was salient in the literature reviewed—continued care and support upon discharge of treatment programs. The results from one 1999 study indicate that most individuals needed ongoing support after discharge; if the addictive behavior was not completely changed when it came time for exiting the program, then care needed to be extended to ensure harm minimization and the maintenance of recovery (Buijsse, Caan & Davis, 1999). A narrative study conducted using an occupational perspective with mothers recovering from chronic substance use echoed the need for continuance of care. The authors conclude, “informant’s emphasis on the value of structure in their treatment environment suggests that some clients may need to learn to impose structure in their own lives in order to sustain recovery after leaving treatment (Martin, Smith, Wallen, and Boisvert, 2011, p. 159). Martin et al.’s (2008) study also brought attention to the need for continuing care to support the population of those living in the community after being discharged from treatment.

**IMPLICATIONS FOR RESEARCH**

There are too few studies that examine the specific effects occupational therapy can have on those in recovery for substance abuse. Of the studies found, there was a resounding consensus that more research needs to be done in this area; particularly studies that include
randomized controlled trials. It may be best to focus research directly in prison institutions and discharge processes so that reform and reduced recidivism and be promoted and accounted for. These studies should also be expanded upon to include treatment offered in the first few months following discharge. Furthermore, given the moral issues surrounding the provision of treatment, studies should consider comparing these unique treatment programs to other facilities not yet offering services that include occupational therapy. Researchers, especially occupational therapists, should consider and seek out creative and new ways to observe and gather this data from participants after discharge to help increase overall sample size numbers for future studies.

SUMMARY

One in every 100 American adults is reported as being behind bars (Pew Center on the States, 2011). A large portion of these individuals is also living with a substance abuse disorder. Being incarcerated and being a chronic substance user severely alters a person’s occupational performance potential. Occupational therapists have a unique and vital role in addressing this issue because of its therapeutic ability to use engagement in alternative occupations as a way to promote positive behavior change; this positive behavior change has consequently been linked to reduced criminal activity. Given the extremely high national recidivism rates for released offenders, it is crucial that focus be shifted within the system. Treatment programs within correctional institutions targeting substance dependency and recovery may help to alleviate the burdens placed on society and the individual—the individual can increase his or her quality of life while remaining an active and contributing member of society, society can decrease costs spent on substance abuse and corrections, and our communities can become safer. Specifically, the body of evidence reviewed suggests that treatment teams incorporating occupational therapy services and life skills training may be best suited for the unique needs of this population. This
is especially true when it comes to increasing daily functioning, reducing recidivism rates, and sustaining recovery.
References


Name of group:
Inner Explore: Leisure Engagement Group

Intervention setting:
This group will take place at Washington County Community Corrections (WCCC) in the Activity Room or the Orenco Room. These rooms offer moveable tables and chairs and access to a whiteboard. The activity room has large windows and the Orenco room does not.

Intervention population (general):
This group is intended for individuals residing in the treatment dorms of WCCC. It can be expanded upon and utilized with individuals in other correctional treatment facilities dealing with drug and alcohol abuse or criminal behavior.

Purpose:
The purpose of this group is to promote leisure-based occupations throughout recovery to improve self-esteem, perception of skills related to leisure, foster positive behavior change, and provide participants with meaningful ways to find engagement with his or her leisure time during and after their time at WCCC.

Theoretical framework (frame of reference/model of practice):
MOHO, PEO, & Recovery Model?

The Model of Human Occupation (MOHO) was chosen as an overarching theory for working with this group because it is a dynamic viewpoint of each person as an open system with the capacity to reorganize himself or herself, often through the facilitation of OT (Kielhofner, 2008). Leisure activities were chosen that complied both with stringent facility standards and the universality necessary for groups with individuals of varying ages, cultures, and cognitive abilities. The environment is a large part of this model. Through the opportunities and resources afforded by this leisure group, along with the challenges each individual faces and the restrictions held in place by the WCCC, external and internal environments played a key role in the participant’s occupational journey. Through dynamic interaction with the environment, each individual undergoes a process of change and adaptation via the three subsystems of MOHO: Volition, habituation, and performance capacity. Through these subsystems, the individual’s occupational identity, their participation, and their skillset (occupational competence) were areas of life that the individual could build while allowing them to acknowledge their influence over the well-being of themselves and others. Because MOHO promotes the abilities to identify personal accomplishments and ways of promoting occupational exploration, competence, and achievement, the facilitators felt encouraged to bring this level of awareness and resourcefulness into this group setting.
Furthermore, MOHO allows the individual and practitioner to address habits, roles, and routines. Since the population at WCCC are also going through recovery, their ideas surrounding their old habits, roles, and routines are expected to change greatly. This model will help to facilitate a better understanding of how these components impact and influence an individual’s life and aid both the practitioner and the individual in addressing these crucial aspects of a person. Because environment is such an inextricable force acting on the ability of this group’s participants for overcoming challenges and for finding meaningful and socially appropriate involvement through leisure activities, the Person-Environment-Occupation Model (PEO) was also used to further understand how each individual’s role as group participant was influenced by their physical, social, and cultural environments (Law et al., 1996).

While these two models are occupational therapy specific, it is important to take into consideration the relationship between recovery and occupational therapy. For this reason, it is of value to consider the Recovery Model which utilizes several essential components of recovery to provide an understanding of the personal transformations that are experienced in the recovery process (Krupa, 2014). Collectively, these components (which include empowerment, strengths-based, holistic, and non-linear) work within the individual and their recovery to form an open and dynamic system, much like the components of the other two models.

**Group membership: (roughly 10 members per group)**
- Participants will be residing in a treatment dorm at WCCC
- Individuals will have drug or alcohol related illnesses
- Individuals come from various cultural, social, and socioeconomic backgrounds
- Individuals will range from 18 years of age and older
- Individuals can be of any gender
- Individuals must attend OT group in order to participate in activity
  - Individual must also be willing to engage and participate in OT group activity for the day (Note: member may join in late or decide to stop if he or she decides they do not like the activity, but must be willing to stay in the OT group session for the duration)

**Group goals and rationale:**
1. Member will increase confidence in skills and abilities in regards to how they spend their free time by at least one ranking on a five point Likert scale.
2. Member will increase satisfaction with amount of recreation and leisure by at least one ranking on a five point Likert scale.
3. Member will feel they have learned new ways to occupy his or her free time by marking agree or strongly agree on a five point Likert scale

These goals are relevant to the intervention population because many of the individuals’ old recreation habits were related to drugs and/or alcohol. These goals are intended to allow individuals to rethink and adapt how they view leisure and recreation, both while still in treatment at corrections and after being released from treatment and integrated back into the community. The idea is that these goals will help facilitate and better ensure positive behavior change among the residents at WCCC, which is directly part of WCCC’s mission statement in their attempt to reduce recidivism rates for Washington county.
**Outcome/evaluation method:**
*Means to determine if goals were met include:*
- Pre/Post Group Survey
- Rosenberg Self-Esteem Scale

**Description/Methods:**
Methods of instruction include modeling, return demonstration, and having example item present (if making or constructing a new craft).

**Environment:**
An open area with enough space for members of group to sit or stand around a table with enough space to move around freely without having to crowd one another. For most crafts, environment should have big enough table with enough chairs for all members in attendance. Storage will be needed to store supplies for duration of group (roughly 6 weeks). Socialization and sharing will be encouraged for the participants throughout the group and therefore it will be best if the room or environment has good acoustics so individuals can be easily heard. If desired by group members, music can be played in the background; there should be an available electrical outlet to make this a possible option.

**Supplies and Costs:**
See each activity week listed below for specific supplies.

**Overview of Sessions:** please see below
ACTIVITY PLANS—

Week 1:
Session Title: Woven Art (Ojos de Dios)

Activity Description:

a) Describe the activity: Before activity starts, group leader should introduce self and goal of program/group. Together group members and leader will come up with a list of group commitments to be followed and reviewed before each group session. Individuals will then make an art piece using craft sticks and wool. Embroidery floss will be available for individuals to make friendship bracelets if interested and time allows.

b) List sequence of steps:
1. Introduce self and purpose of group
2. Come up with group rules/commitments
3. Introduce activity:
   a. Form a cross with the craft sticks
   b. Use the wool to tie these two sticks together; wrap the yarn several times around the stick making the letter “x”
   c. Loop wool under or over craft sticks until roughly ¾ of the stick is covered (wrapping can be done in multiple ways and colors can be changed out when desired to create different patterns and looks)

*Pictures to accompany description can be found at:
http://www.makeandtakes.com/summer-camp-for-kids-gods-eye

Materials/Supplies/Environment Required:

a) List all materials and supplies:
craft sticks (popsicle sticks, wooden dowels, chopsticks, etc.), yarn in a variety of colors.
Optional: embroidery floss, tape (these are for friendship bracelets if time allows)

b) Describe the set up requirements and structure of the activity: including environment, supplies and client preparation (if needed):
Need room with table and enough chairs for all members in attendance. No prior client prep is required but leader should bring in a sample example of the completed project to show to group members when giving instruction. A supply station can be set up pre-group so that group members can choose and pick own materials.

Grading:
1. If fine motor difficulties, size and thickness of sticks and yarn can be enlarged
2. If trouble tying initial knot over two sticks, sticks can first be glued together before beginning wrapping of yarn
3. If want activity to last longer or want to bring in a larger community dynamic, the completed ojos de dios can be arranged together to make a mobile or strung together on a string to make a garland and can be hung in a common area for the residents to view and reflect on
4. If too easy, or individual wants a challenge, more sticks can be added to the design
Note: if time allows the optional materials listed above can be brought so that participants can make friendship bracelets. Several in depth examples and descriptions can be found at:
http://www.the-red-kitchen.com/2012/01/lots-of-knots-friendship-bracelet.html
http://www.the-red-kitchen.com/2012/01/lots-of-knots-friendship-bracelet.html
OR
http://www.the-red-kitchen.com/2012/02/simple-braided-friendship-bracelet.html
http://www.the-red-kitchen.com/2012/02/simple-braided-friendship-bracelet.html
http://www.the-red-kitchen.com/2012/02/simple-braided-friendship-bracelet.html
Week 2:
Session Title: Painting Exploration
Activity Description:
a) Describe the activity: Group leader should check in with group members and review commitments made in group from week 1. Group members will then be asked to explore different paint options and mediums to help facilitate creative expression while also engaging a variety of different senses.

b) List sequence of steps:
1. Check in with members
2. Review group commitments from prior week
3. Introduce art activity; show example
   a. describe paint options available: watercolor paints and tea bags
   b. explain canvas options: construction paper and mirrors (for making prints on paper)
   c. provide options for painting supplies: brushes, hands, tea bags, sponges, etc.
   d. let participants choose his or her preferences and facilitate creating a picture/painting of choice (note: all media may be tried and explored by all members unless allergies are present to certain materials or if restriction from higher authority is given)
   e. Inform participants that they may also choose to drink the tea if desired

Materials/Supplies/Environment Required:
a) List all materials and supplies:
water color paints, a variety of aromatic tea bags, water, glass pieces, paper, brushes, sponges, mirror cleaner, paper towels, rags, styrofoam cups

b) Describe the set up requirements and structure of the activity: including environment, supplies and client preparation (if needed):
Materials should be set up in an organized and orderly fashion prior to activity starting. A room will be needed with a table large enough to fit all members in attendance. There should also be a chair available for each group member. The group leader should also provide an example of a sample finished product to share with members. Although not required, a wall, easel, or dry erase board can be used to display sample for group members to view while working on their own project.

Grading:
1. If allergies to certain smells/teas (e.g. lavender) any other fragrant tea can be used that best suits the needs of the group
2. If fine motor difficulties, brushes with larger handles can be selected or existing handles can be enlarged.
3. For poor focus or initiative, provide the start of a painting with several outlined shapes to be colored in with paint.
Week 3:
Session Title: A) Female Dorms-- Picture frames and B) Male Dorms-- Dominos

A--
Activity Description: Making picture frames; Note: whatever week this activity is chosen to be done, make sure that the previous weeks sessions is used to remind members to bring a personal photograph to the next session
a)Describe the activity: Participants will be making matboard picture frames with the intention of using for a personal picture and to be hung in place of their choosing in dormroom.

b)List sequence of steps:
   1. Check in with members; review group commitments; introduce to any new members in attendance. For this particular group will want to ask group members if they brought pictures to use for this week.
   2. Introduce activity and supplies-- making picture frames
   3. Participate in activity along with members to generate a sample product

Materials/Supplies/Environment Required:
 a)List all materials and supplies:
   matboard, art supplies of various kinds (markers, pencils, crayons, stickers, glitter, etc.), glue, scissors, photography or picture, electronic device to provide treatment appropriate music in the background

b)Describe the set up requirements and structure of the activity: including environment, supplies and client preparation (if needed):
   Materials should be set up in an organized and orderly fashion prior to activity starting. A room will be needed with a table large enough to fit all members in attendance. There should also be a chair available for each group member. The group leader should also provide an example of a sample finished product to share with members. It may also be a good idea to list sequence of steps on whiteboard or large paper prior to group starting so that members may use as reference. Environment should be relaxed and pressure free as want to promote a stress free environment that promotes leisure engagement. Note: if bringing electronic device to play music will need to make sure the room has necessary equipment and outlets if needed.

Grading:
1. If members are not cognitively able to follow along with demonstration, have a sample pre made before group starts. Consider having a sequence of examples so that members can see each step as they work (e.g. have two pieces of rectangle matboard, next to it show one piece with a smaller rectangle cut out of the center, thirdly show a decorated frame, fourthly show decorated frame glued onto three sides to second piece of matboard, fifthly show final product with picture inside).
2. If motor impairments impede use of scissors, provide pre cut matboards for individuals
3. If vision impairment concerns, be sure to provide highly contrasting colors of matboard

B--
Activity Description: Playing Dominos;
a) Describe the activity: Participants will learn the dominoes game of “Five Up”. For those participants that already understand the game, they will play the role of scorekeeper and/or teacher of the game for new initiates.

b) List sequence of steps:
1. Check in with members; review group commitments; introduce leisure program to any new members in attendance.
2. Introduce game of “Five Up” and demonstrate method of scorekeeping.
3. Participate in activity along with members to provide an additional player/scorekeeper/teacher as needed.

Materials/Supplies/Environment Required:

a) List all materials and supplies:
3 sets of dominoes to allow up to 3 concurrent games of “Five Up” with 2-4 participants per game, pen and paper for scorekeeping.

b) Describe the set up requirements and structure of the activity: including environment, supplies and client preparation (if needed):
A well-lit room will be selected with 3 tables large enough to fit up to 4 participants per table with a chair available for each participant. The group leader will benefit from demonstrating the game’s scorekeeping method using a white erase board at the front of the room where all participants can see it. Because multiple simultaneous games can be noisy, ask individuals to raise their hands if they have specific questions for which their neighboring players can not provide adequate answers. If providing an electronic device to play music, there may need to be an accessible electrical outlet.

Grading:
1. If members are not able (cognitively or otherwise) to play along after group demonstration, offer to be their teammate (or suggest to another individual to have them as their teammate). If the game becomes too slow-paced or lacks challenge for certain participants, have them take over the role of scorekeeper and/or teacher.
2. If motor impairments impede holding/moving dominoes, demonstrate how dominoes can be set up to face the player “holding” them and how dominoes can be slid across table in a controlled manner while blocking the view of their values from other players.
3. If vision impairment concerns, be sure to provide large-format dominoes and/or dominoes with dots that are brightly differentiated by color.
Week 4:
Session Title:
Activity Description: Collage Making;
a) Describe the activity: Participants will explore the art technique of collage using various materials and methods. They will ultimately make a collage project reflecting a theme of their choice.
b) List sequence of steps:
1. Check in with members; review group commitments; introduce leisure program to any new members in attendance.
2. Introduce the activity of collage (discuss methods, available tools and materials, encourage choice and individualized creativity) and begin a group conversation about potential themes for participants’ collage project.
3. Have each participant choose a theme and select materials and tools for their own project.
4. Participate in activity along with members to generate a sample product.

Materials/Supplies/Environment Required:
a) List all materials and supplies: various colored construction paper, various art supplies (markers, pencils, crayons, stencils, etc.), glue, scissors, magazine photos and images, electronic device for providing treatment-appropriate music in the background
b) Describe the set up requirements and structure of the activity: including environment, supplies and client preparation (if needed):
Set up materials and tools in an organized way to facilitate starting activity quickly but safely. Use a well-lit room with a table large enough to fit all participants, there required workspace (~3’x3’), and a chair for each participant. The group leader should also provide or create a sample finished product to share with participants. It may also be a good idea to list sequence of steps on whiteboard or large paper prior to group starting so that members may use as a reference. Environment should be relaxed and pressure-free to promote a low-stress environment that promotes reflection, conversation, and creativity. If providing an electronic device to play music, there may need to be an accessible electrical outlet.

Grading:
1. If members are not able to initiate or follow through with the activity, have them team up with a partner (can be participant or facilitator). Consider having a sequence of examples so that members can see each step of how a previous collage may have come together.
2. If motor impairments impede use of scissors, provide pre cut materials for individuals
3. If vision impairment concerns, help such participants select highly contrasting colors and textures of materials.
References:


http://www.the-red-kitchen.com/2012/02/simple-braided-friendship-bracelet.html
Leisure Engagement Group Pre and Post Pilot Program Surveys

Phase: ___________  Inner Explorer Program: Pilot Study  Date: ___________
Leisure Engagement Group

PRE-PROGRAM SURVEY:

ATTITUDES ABOUT LEISURE

This information will be helpful when I’m released. (Please circle)

1 2 3 4 5
strongly disagree  neutral  agree  strongly agree
disagree

Please list 3 words or themes which come to mind when thinking of engaging in leisure activities?

1-
2-
3-

Do you believe leisure time is good to have in life in general? Why or why not?

SATISFACTION WITH LEISURE

I feel confident about my skills and abilities in regards to how I spend my free time.

1 2 3 4 5
strongly disagree  neutral  agree  strongly agree
disagree

I enjoy doing fulfilling activities in my free time. (Please circle)

1 2 3 4 5
strongly disagree  neutral  agree  strongly agree
disagree

If agreed, what are those activities?: (Please list)

LEISURE WITHIN TREATMENT

What might you like most about participating in this leisure activities group?

I hope to learn new ways to responsibly and meaningfully make use of my free time.

1 2 3 4 5
strongly disagree  neutral  agree  strongly agree
disagree
LEISURE IN RECOVERY

How dissatisfied or satisfied are you with the kind and amount of recreation and leisure you get?
1 2 3 4 5
extremely dissatisfied neutral satisfied extremely satisfied
dissatisfied

I think I will continue trying an activity done in leisure group after my release.
1 2 3 4 5
strongly disagree neutral agree strongly agree
disagree
POST-PROGRAM SURVEY:

ATTITUDES ABOUT LEISURE

This information will be helpful when I'm released. (Please circle)

1 2 3 4 5
strongly disagree neutral agree strongly agree

disagree

Please list 3 words or themes which come to mind when thinking of engaging in leisure activities?
1-
2-
3-

Do you believe leisure time is good to have in life in general? Why or why not?

SATISFACTION WITH LEISURE

Overall I am satisfied with this leisure engagement group. (Please circle)

1 2 3 4 5
strongly disagree neutral agree strongly agree

disagree

I feel confident about my skills and abilities in regards to how I spend my free time.

1 2 3 4 5
strongly disagree neutral agree strongly agree

disagree

I enjoy doing fulfilling activities in my free time. (Please circle)

1 2 3 4 5
strongly disagree neutral agree strongly agree

disagree

If agreed, what are those activities?: (Please list)

LEISURE WITHIN TREATMENT

What did you like most about participating in this leisure activities group?

What would you change about the leisure engagement group?

I feel I have learned new ways to responsibly and meaningfully make use of my free time.
LEISURE IN RECOVERY

How dissatisfied or satisfied are you with the kind and amount of recreation and leisure you get?

1  2  3  4  5
extremely dissatisfied  neutral  satisfied  extremely satisfied
dissatisfied

I will continue trying an activity done in leisure group after my release.

1  2  3  4  5
strongly disagree  neutral  agree  strongly agree
disagree

If agree, or strongly agree, which activity or activities will you continue?
Washington County Community Corrections Leisure Engagement Group: A Pilot Study

Ashley Davis, OTS & Adam Marlow, OTS
School of Occupational Therapy
Pacific University
2 May 2014
Correctional Facility
- Located in Hillsboro, OR
- 36 beds for residents in treatment dorms
- Directly serves residents with criminal sentences or sanctions
- Indirectly serves greater Washington County

Treatment Center
- 90-day program (minimum)

Mission
- "[To] enhance public safety by promoting positive behavior change" (WCCC, n.d.)

Correctional Facility
- Located in Hillsboro, OR and serves all of Washington county
- 215 bed custody facility
- Directly serves individuals (residents) facing criminal sentences or sanctions
  - typically drug related
- Indirectly serves Washington county surrounding areas by helping to reduce recidivism rates and enhance community safety for the general public

Treatment Center
- 90-day program that includes:
  - Anger management
  - Moral Reconciliation Therapy (MRT)
  - Relapse Prevention
  - Life Skills
  - Cognitive Reconstructioning
  - Aftercare and more

Mission and Goal
Mission: "enhance public safety by promoting positive behavior change" (Washington County Community Corrections, n.d).

It is WCCC's hope that these services, coupled with a structured residential environment in a correctional facility, will facilitate successful integration back into the community while also reducing recidivism rates for the county at large.
Individuals in treatment at WCCC are:
- 18 years of age and older
- Male and female
- Variety of races and ethnicities
- Male population is often twice as large as female population
- Majority are non-violent offenders dealing with addiction and substance abuse disorders

At this facility, roughly 70% of the beds are occupied by sentenced offenders while only about 6% of Center beds are offered to those serving short-term sanctions for probation and post-prison supervision (*Population served*). This center also offers 6% of its beds to transitional lodgers and 18% of its beds to local control offenders (*Population served*). Out of the 215 offered beds, 35 are taken up by female residents with the remaining 180 by male residents.

Data from 2012 reports that a majority of these offenders are Caucasian (76%) and male (80%); 16% are Hispanic, 3% Asian, and 5% African American. In 2012, 75% of individuals were charged with felonies compared to 25% of those charged with misdemeanors.
What Are the Needs?

Needs Assessment
- Performed to see which services contribute most to male and female resident success

Main feedback from needs assessment
- Existing OT services within treatment dorms has been facilitating positive coping skills and positive behavioral change among residents including improved self-esteem and willingness to learn.

Results of Needs Assessment:
- A 12-question short answer survey was given to staff
- A 15-question survey was distributed to the current residents of the treatment dorms and Aftercare

STAFF: (5 staff members returned surveys)
- Staff agreed that there has been an observed change in the residents’ behavior since receiving Life Skills and occupational therapy services
- Four out of five respondents noted that the Life Skills program facilitated positive coping skills while also increasing the residents’ self-esteem and willingness to learn.
- The same four out of five individuals also expressed the Life Skills group as being an integral part of the department’s ability to promote positive behavior change and an overall reduction of criminal conduct.
- The services that were indicated as missing included: nutritional education, financial planning and budgeting, and job retention skills and education.

RESIDENTS:
- A majority of respondents indicated the Life Skills group as being one of the most fun groups offered in the program and expressed that they also felt supported by the group leader
- Groups that were considered the most helpful included Life Skills, DBT, M.R.T, and relapse prevention
- Respondents also indicated that some of the sensory strategies learned from Life Skills and the Sensory Profile continued to be utilized within the treatment dorms and outside the dorms in Aftercare
- Indicated a want for more sensory-based sessions, sex education and sex therapy, information regarding healthy and positive relationships, nutrition, healthcare, transportation education, time management, more time spent on pro-social community activities, and planning and education on how to obtain resources upon release

The Level of Service/Case Management Inventory (LS/CMI) was reviewed and discussed with WCCC supervisor
- The LS/CMI is an assessment tool used at WCCC to measure the risk and need factors of late adolescent and adult offenders
- An assessment tool that combines risk assessment and case management into one comprehensive evidence-based tool
- Indicates which factors to be most relevant to the level of service, supervision, and programming
- Provides a summary of the criminogenic and non-criminogenic needs of individual
- Intended for individuals 16 years of age and older
- In section 1 of this assessment there are 8 subcomponents of general need/risk factors comprising of 43 items that are totaled to give a risk/need score. These 8 subcomponents and how many items are associated with each are as follows:
  - Criminal history (8 items)
  - Education/employment (9 items)
  - Family/marital (4 items)
  - Leisure/Recreation (2 items)
  - Companions (4 items)
  - Alcohol/drug problem (8 items)
  - Proclivity attitude/orientation (4 items)
  - Art/sport pattern (4 items)
Focus of Needs

The Level of Service/Case Management Inventory (LS/CMI)

Assessment tool used at WCCC to measure risk and need factors of offenders

Leisure and recreation

The only LS/CMI marker that was NOT currently being addressed for treatment residents

the assessment is being used a reasoning for why we chose leisure high levels on lsomi index are assigned to treatment dorms... vast majority of offenders in treatment dorm have a very high index score on lsomi overall so if we can address one area that is not being addressed at all then we are further meeting the needs of the client that that the client is not currently addressing
The Project

Expand occupational therapy services and group treatment at WCCC

- Plan and pilot an occupation-based leisure engagement group
- Initiate grant proposal writing process for funding

Mention:

A- Environment & restrictions would be a challenge
B- External funding will be sought to hire one fulltime OT to demonstrate for WCCC how impactful having such an employee would be.
Notices of the need to address leisure occupation for those incarcerated for improved outcomes regarding lowered recidivism and improving the social wellness of these individuals and those they interact with.

The occupational relevance and uniqueness of the occupational therapist role/contribution including use of OT models that guided the project.

In addressing how OT can specifically find a role in dealing with each subcomponent of the LSCMI, DeVos, Hauser, Kitchen, and Ring list the potential and possible roles an OT can play in addressing leisure and recreation.

- Authors Buijsse, Caan, & Davis (1999) suggest that substance abusing and incarcerated individuals experience many personal deficiencies, including a lack of leisure skills.
- The Oklahoma Halfway House (OHH) employs occupational therapists to provide services that include, but are not limited to, life skills, employment, and leisure (Muñoz et al., 2011, p. 243).
- Molinoex & Whiteford (1999) propose that occupational engagement, or "the deliberate manipulation of environments to facilitate and support in engagement in a range of occupations..." (p. 127) should be adopted into correctional environments to better meet the needs of the inmates.
- In a study done with incarcerated woman, it was found that providing leisure recreation activities also provided informal opportunities for recreation participation and friendship development, and was also said to enhance support to these woman as they reintegrated back into the community (Pedlar, Yuen, & Fortune, 2008).
- In another study that looked at the effects of leisure in a women's correctional facility, Yuen, Arai, & Fortune (2012) found: "federally sentenced women's perceptions of leisure opportunities and their meanings of leisure in the community are limited due to marginalizing experiences of poverty, abuse, trauma, mental illness, and the stigma of being classified as an offender" (p. 291).

"these experiences led to a diminished understanding of leisure resources available in the community and incongruence with the common assumption about the positive contribution of leisure in their lives. for many women in the study, leisure was about addiction and loss of control. "free time" carried an element of fear. findings suggest that for many women, leisure in the community was equated with free time during which they engaged in excessive use of alcohol and drugs that had devastatingly negative impacts on their lives, essentially contributing to their pathway to crime" (Yuen, Arai, & Fortune, 2012, p. 291-292).
The Process

- Brainstormed leisure-based ideas
- Presented information to WCCC supervisor and received approval for certain treatment materials and ideas
- Scheduled leisure exploration group with WCCC supervisor
- Picked guiding models and measurements
- Planned and implemented a 5-week long pilot program

5 weeks consisted of three groups per week
  - two days per week for male dorms (split into two groups)
  - one day per week for female dorm
Finding time in the participant’s schedule...

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MONDAY:
- Breakfast: 9:00am-9:30am
- Group Activity: 9:30am-10:00am
- Lunch: 11:30am-1:30pm
- Group Activity: 1:30pm-2:30pm
- Dinner: 6:00pm-8:00pm

TUESDAY:
- Breakfast: 9:00am-9:30am
- Group Activity: 9:30am-10:00am
- Lunch: 11:30am-1:30pm
- Group Activity: 1:30pm-2:30pm
- Dinner: 6:00pm-8:00pm

WEDNESDAY:
- Breakfast: 9:00am-9:30am
- Group Activity: 9:30am-10:00am
- Lunch: 11:30am-1:30pm
- Group Activity: 1:30pm-2:30pm
- Dinner: 6:00pm-8:00pm

THURSDAY:
- Breakfast: 9:00am-9:30am
- Group Activity: 9:30am-10:00am
- Lunch: 11:30am-1:30pm
- Group Activity: 1:30pm-2:30pm
- Dinner: 6:00pm-8:00pm

FRIDAY:
- Breakfast: 9:00am-9:30am
- Group Activity: 9:30am-10:00am
- Lunch: 11:30am-1:30pm
- Group Activity: 1:30pm-2:30pm
- Dinner: 6:00pm-8:00pm

SATURDAY:
- Breakfast: 9:00am-9:30am
- Group Activity: 9:30am-10:00am
- Lunch: 11:30am-1:30pm
- Group Activity: 1:30pm-2:30pm
- Dinner: 6:00pm-8:00pm

SUNDAY:
- Breakfast: 9:00am-9:30am
- Group Activity: 9:30am-10:00am
- Lunch: 11:30am-1:30pm
- Group Activity: 1:30pm-2:30pm
- Dinner: 6:00pm-8:00pm

Time is in U.S. Eastern Time (ET).
Recovery Model Notes:

While the top 2 models are OT-specific, it’s important to consider the relationship between recovery and OT.

The Recovery Model similarly views the individual as a dynamic and open system. It’s heavily based in the concepts of strengths and empowerment for understanding personal transformation and it suggests that if individuals have greater control and choice in their treatment, they will be able to take increased control and initiative into their post-treatment lives.
• Rosenberg Self-Esteem Scale:
  o **Short** 10-item assessment tool asks participants to rank their level of self-esteem and self-efficacy using a four-point Likert scale.

• Pre/Post Survey:
  o Attitudes about leisure
  o Satisfaction with leisure
  o Leisure within treatment
  o Leisure in recovery
Five leisure activities were chosen so that each week of the pilot program consisted of a new activity:

- The pilot study was five weeks long.
- During week 4, separate activities were chosen for men’s and women’s dorms, giving us six activities in total.

1. **Week 1** -- Woven art (Ojos de Dios)
2. **Week 2** -- Making hacky-sacks
3. **Week 3** -- Painting exploration
4. **Week 4** --
   - Female dorm -- Making picture frames
   - Male dorms -- Dominoes
5. **Week 5** -- Collage making
"Very relaxing."

"Why don't we get to keep doing this?"

*Add photos (as many originals as possible + dominoes)
Pre scale females 83% strongly agreed while only 43% strongly agreed on post
Pre scale males 59% strongly agreed and 65% strongly agreed on post

SECOND POINT: Pre scale males 47% strongly agreed and 59% strongly agreed on post

Why didn't work?

too clinical... doesn't relate to their treatment; impersonal—how the questions were worded could be confusing
Different participates throughout the weeks... in first week saw many that were in last phases and at end of groups had people that were brand new to treatment
Wording of scale
Wasn't leisure specific
Results from Surveys: Pre to Post Trends

- 10% Dissatisfaction with amount of recreation and leisure
- 22% Confidence in skills and abilities for spending free time
- 21% Dissatisfaction with amount of recreation and leisure
- 33% Confidence in skills and abilities for spending free time

29% (2/7) of females were either dissatisfied or extremely dissatisfied with the amount of recreation and leisure they are currently experiencing in recovery compared with 50% (3/6) pre-leisure engagement group.

25% (4/16) of males were either dissatisfied or extremely dissatisfied with the amount of recreation and leisure they are currently experiencing in recovery compared with 35% (6/17) pre-leisure engagement group.

Pre-leisure engagement group, 67% (4/6) of females disagreed, strongly disagreed, or were neutral about whether they felt confident about their skills and abilities in regards to how they spent their free time. This is compared to 33% (2/6) post-leisure engagement group.

Pre-leisure engagement group, 41% (7/17) of males disagreed, strongly disagreed, or were neutral about whether they felt confident about their skills and abilities in regards to how they spent their free time. This is compared to 19% (3/16) post-leisure engagement group.
Common Words Sized by Frequency: Pre-Survey (Left) & Post-Survey (Right)
Future Directions

- More OT students working with WCCC residents
  - Level 1 summer fieldwork
- Potential for publishing research about OT within corrections
- Expanding OT treatment services at WCCC

Reinforcing Pacific's relationship with WCCC

- Possible site for level 1b summer fieldwork placement (community mental health rotation)
- Potential for publishable research within corrections
  - Changing language on surveys to better match language of residents
- Expanding occupational therapy treatment services within WCCC
  - Finishing and submitting grant proposal to budget for a fulltime OT for continued services; keep Letter of Intent handy for Q&A.
  - Continuing the leisure exploration group
References


References Cont.


THANK YOU!

QUESTIONS OR COMMENTS

ashley.davis@pacificu.edu  apmarlow@pacificu.edu