

From Prison to the Community: The Pivotal Role of OT in Facilitating a Healthy Transition

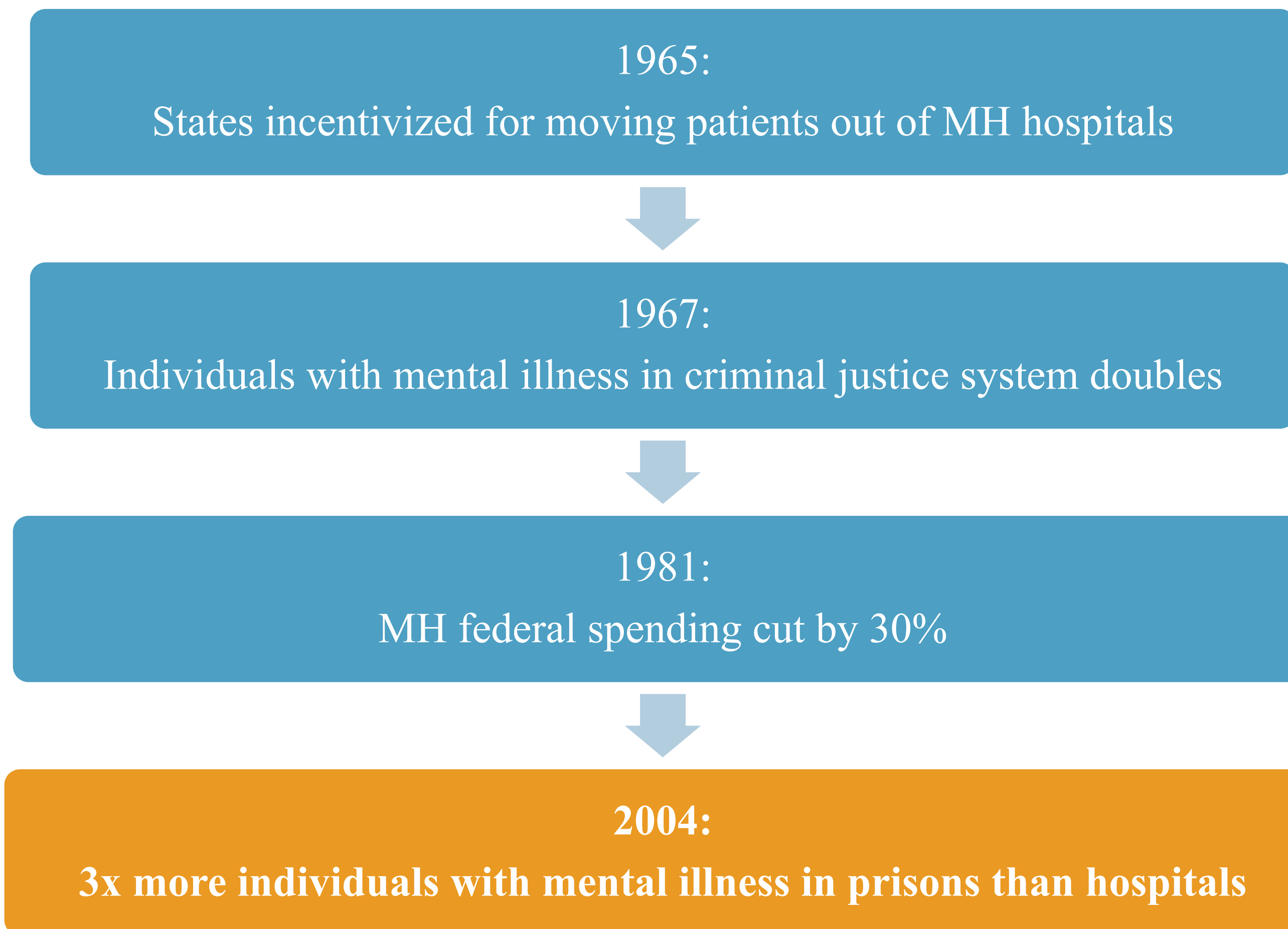
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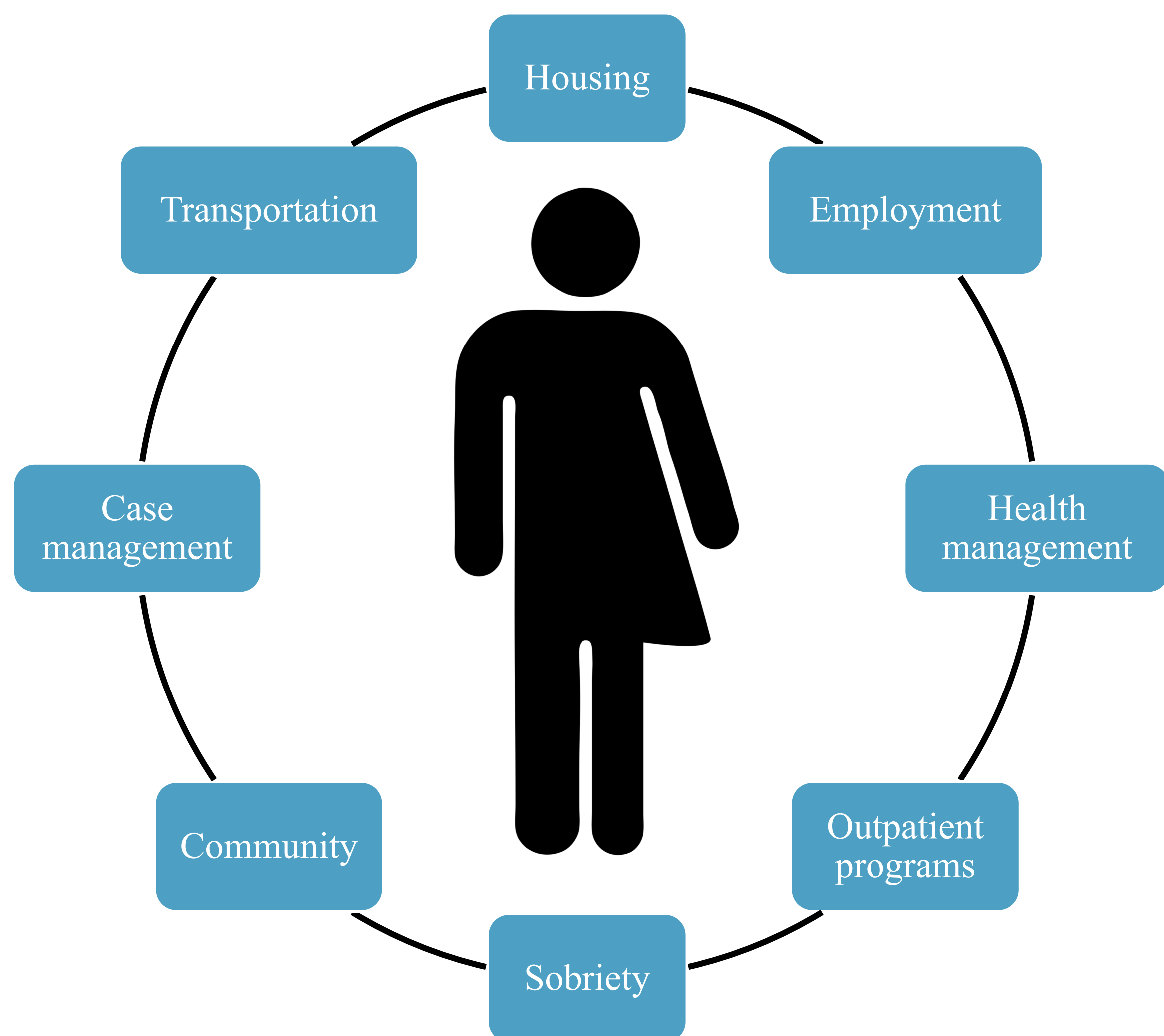
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Background

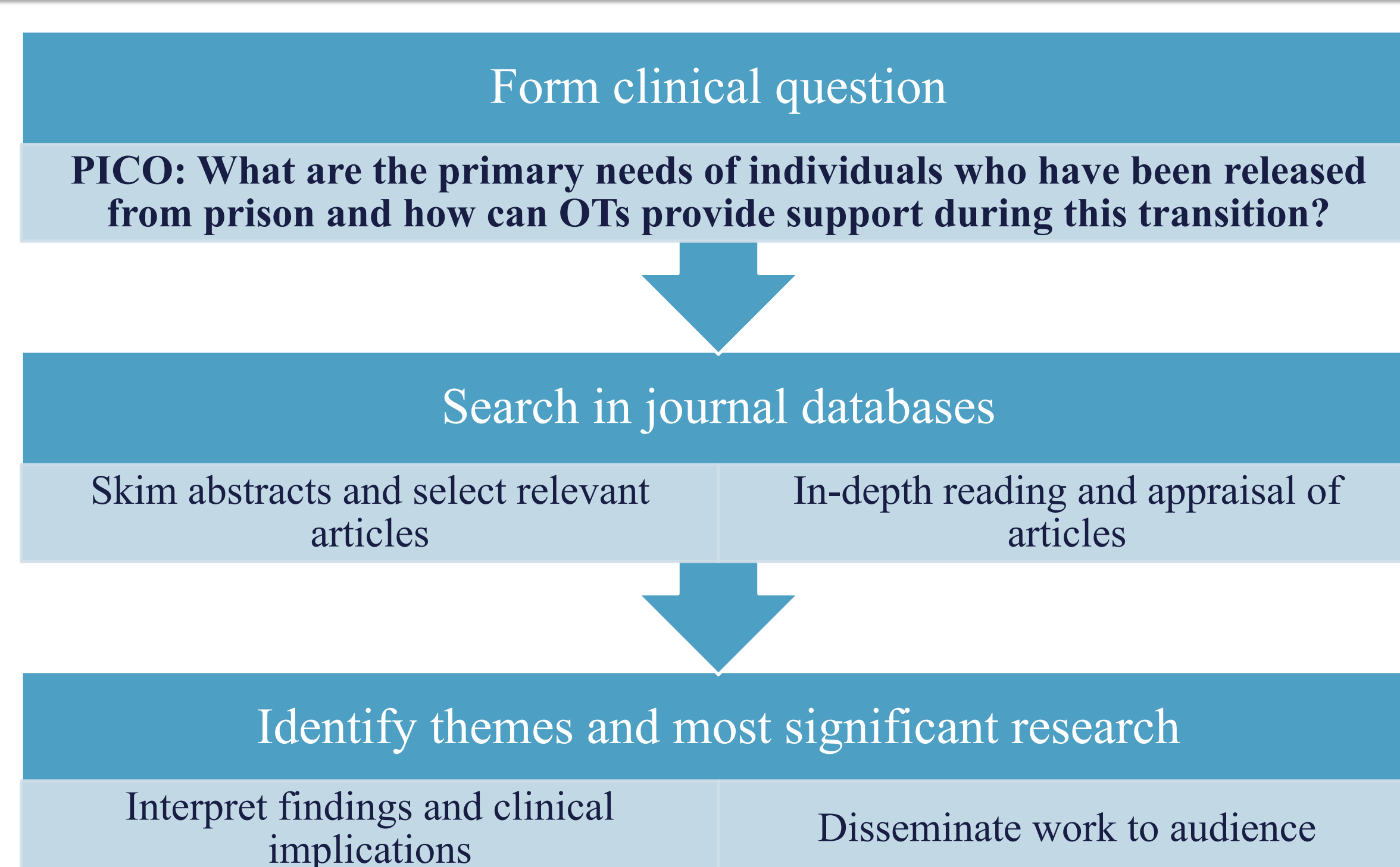
- Approximately 630,000 prisoners are released into the community each year.¹
- First Step Act (2018) reduces minimum sentencing for populations such as non-violent drug offenders.²
- Majority released to unsafe areas due to shortage of affordable housing.³
- Insecure housing and homelessness are related to increased:
 - Recidivism⁴; Emergency room use⁵; Substance use⁶; Unstable family relationships⁷; Mental health (MH) problems.⁷



- Post-release is a high-risk time due to poor care continuity and lack of support.⁸
- Individuals report difficulty:
 - Obtaining employment and stable housing, accessing relevant treatment services, reintegrating with their families and communities.⁹
- Stable housing provides a secure place to seek employment, creates a sense of community, and develops a routine for complying with post-release terms.⁴



Methods



Analysis

Citation Level of Evidence Discipline	Intervention	OTPF	Outcomes
Antonio & Crossett, 2016 Level II <i>Criminal Justice</i>	Addiction; Family responsibility; Employment	F, HM, SA	↓ Recidivism
Brantley et al., 2018 Level II <i>Health Sciences/ Department of Health</i>	Case management (videoconferencing)	HM	Video conferencing was viewed positively by case-managers/study participants because it provided social-emotional support to the participants
Clark, 2015 Level I <i>Corrections</i>	Housing; Employment; Domestic violence classes; Transportation; Free community programming	CM, HE, SA	↓ Recidivism ↓ Violation of parole ↑ Participation in community services
Goldstein et al., 2009 Level IV <i>Medicine</i>	Peer mentoring; Healthcare referrals; Transitional housing and shelter; Food, clothing, and bus passes; Life skills training; Anger management; Employment and education; Computer training; Assistance obtaining identification cards; Follow-up care; Support groups; Family reunification; Recovery programs	C, CM, E, EI, F, HE, HM, JP, P, SA	↓ Recidivism ↓ Mental health symptoms ↑ Employment and/or educational program participation ↑ Mental and physical health treatment compliance ↑ Housing
Lattimore, 2013 Level II <i>Social Science</i>	Coordination services; Health services; Transition services; Employment services	EI, HM, SA	↓ Recidivism ↓ Drug use ↑ Housing ↑ Employment
Lutze et al., 2014 Level II <i>Criminal Justice & Behavior</i>	Housing support; Case management; Targeted treatment services; Accountability strategies; Law enforcement partnerships; Treatment provider partnerships	FM, HE	↓ Recidivism
Nagele et al., 2018+ Level III <i>Offender Rehabilitation</i>	Brain injury education; Resource application; Reentry planning; Cognitive strategies; Stress management; Exercise	HM, JP, L, SA	↓ Recidivism
Newton et al., 2018 Level II <i>Offender Therapy</i>	Job counseling/ coaching; Crisis counseling; Employment assistance, searching, and classes; Transitional jobs; Job development; Parenting class; Post-placement services	CR, EI, JP, SA	↓ Recidivism ↑ Employment
Ray et al., 2017 Level II <i>Offender Therapy</i>	Clinical services; Social support; Recovery group; Transportation; Housing; Peer coaching	C, CM, HE, HM	↓ Recidivism
Spaulding et al., 2018* Level II <i>Medicine & Public Health</i>	Case management (face-to-face, texting)	HM	↑ Healthcare linkage and retention of healthcare services
Westergaard et al., 2019* Level III <i>Population Health</i>	Case management; Healthcare access; Treatment adherence; Housing; Social services; Emotional wellbeing; Health education	E, HE, HM	↑ Healthcare linkage
Woods, 2013 Level II <i>Public Health</i>	Case management; Reentry planning; Support services; Coordinated community care; Vocational counseling; Housing; Financial support; Healthcare access; Substance abuse treatment	FM, HE, HM, SA	↓ Recidivism ↑ Program engagement

Results

- Programs included in this review focused on **work** (8/13 articles), **social participation** (3/13 articles), **IADL** (13/13 articles), **leisure** (1/13 articles), and **education** (2/13 articles)
- The most frequently reported outcomes were **decreased recidivism** (10/13 articles), **increased housing** (2/13 articles), **increased employment** (3/13 articles), **increased healthcare linkage** (3/13 articles), and **increased program participation** (3/13 articles)
- Employment Seeking and Acquisition (SA)** (n=8) programs led to:
 - Decreased recidivism (8/8 articles), increased employment (3/8 articles), increased housing (2/8 articles)
- Home Establishment and Management (HE)** (n=6) programs resulted in:
 - Decreased recidivism (5/6 articles), increased program participation (3/6 articles), active participation in healthcare needs (2/6 articles)
- Health Management (HM)** (n=9) programs led to:
 - Decreased recidivism (6/9 articles), increased housing (2/9 articles), increased employment (2/9 articles), active participation in healthcare needs (3/9 articles), program engagement (2/9 articles)

Discussion

- Returning citizens often experience challenges when re-integrating into society.
- Occupation-based programming has the ability to decrease recidivism.
- OTs currently provide similar interventions with a related population, in the mental health setting, where common areas of focus include work, health and wellness, education, and skills training.¹⁰
- OTs have the ability to:
 - Facilitate self-advocacy skills
 - Provide group programming related to identified areas of need
 - Provide education and training
 - Provide interventions that are client-centered and occupation-based
 - Enhance overall occupational performance¹¹
- Although interventions from the studies analyzed were not provided by OTs, **occupation-based programming has the power to facilitate a healthy transition from prison to community.**

Future Implications

- Further research is necessary to explore the impact of occupational therapy programming for successful community re-integration
- Case management**, an emerging area in OT practice, should be considered with this population.¹²
- Telehealth** is a cost-effective method of service delivery used to assist clients in promotion of healthy habits and routines.¹³
- Explore additional areas such as returning citizens within the **aging population**
- OTs currently working with returning citizens should consider **collecting and analyzing data** to show the impact of occupation-based programming and **utilize this analysis to inform evidence-based practice**

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Areas of Occupation

Work:

EI: Employment interests and pursuits
JP: Job performance
SA: Employment seeking and acquisition

IADL:

CM: Community Mobility
CR: Child rearing
FM: Financial management
HE: Home establishment and management
HM: Health Management and Maintenance

Social Participation:

C: Community
F: Family
P: Peer

Other:

E: Education
L: Leisure

* HIV population
+ TBI population

Search Terms, Criteria, and Levels of Evidence

Search Terms

- Reentry
- Prison
- Housing
- Program
- Recidivism
- Community
- Integration
- Rehabilitation
- Therapy

Inclusion Criteria

- Published after 2008
- Peer-reviewed
- Prison, mental health, and substance use populations
- Related to OT scope of practice

Exclusion Criteria

- No relation to OTPF
- Programs that only occurred in prison

Levels of Evidence

- Level I:** Randomized control trial; Systematic review of randomized control trials (n= 4 studies)
- Level II:** Cohort trials (non-randomized) with two comparison groups (n=1 studies)
- Level III:** Non-randomized pre- and post- test with one group (n=4 studies)
- Level IV:** Qualitative study (n=7 studies)