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EASTERN KENTUCKY UNIVERSITY

Occupational Justice in the Justice System: The Impact of Occupational Therapy on

Incarcerated Americans

Honors Thesis

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In Partial Fulfillment

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By

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Occupational Justice in the Justice System: The Impact of Occupational Therapy on
Incarcerated Americans

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Abstract

In the United States alone, there are two million people being held in prison and four million people on parole or probation. Of those released, over half will return to prison in a year. This is an alarmingly high rate of recidivism and incarceration compared to other developed nations. The United States prison system fails to rehabilitate inmates and instead equips them with maladaptive skills that will hinder their success outside of the prison. Inmates are suffering from occupational injustice, which can be detrimental to their ability to succeed outside of the prison system. Implementing occupational therapists into the prison system can improve the success of inmates and decrease the recidivism rates in the United States. Occupational therapists can use an individualized and holistic approach to address mental, physical, and social issues for each inmate. Using a scoping review, previous interventions and possible future interventions have been examined to identify what factors contribute to success in the rehabilitation of inmates and how occupational therapists can

continue to grow in the prison system field. Specifically, co-occupations, sensory modulation, and occupational-based classes are the interventions identified in this research as most beneficial for inmates in the United States. This research is to be used to create a base level understanding of occupational therapy in the prison system and develop a model for future interventions in the prison system.

Keywords and phrases: occupational justice, occupational therapy, United States prison system, occupational therapy interventions, rehabilitative services for inmates

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Introduction

In the United States of America, there are at least two million people incarcerated and four million on probation or parole at any given time. This is a rate of 664 people per every 100,000 people in the United States. This number is alarmingly high compared to the rates of incarceration in other developed countries, with the next highest incarceration rate being 510 people incarcerated per 100,000 in Cuba (Widra & Herring, 2021). The United States also has the highest recidivism rates in the world. Of those who are released from prisons, roughly fifty percent will find themselves back in prison within the next year. Many of these people return to prison due to a violation of parole or probation. There are also large numbers of inmates who return to prison on purpose, because they are unsure of how to live outside of the prison system and are afraid of the stigmas they must face once they are back out into society (Baron et al., 2013).

These statistics support the idea that the prison system is not designed for the rehabilitation of inmates and does not support successful reentry into society for inmates (Al-Rousan et al., 2017). Inmates are often considered a vulnerable population and require support from the community for successful reentry into their community. A high recidivism rate negatively impacts all aspects of society. High recidivism rates lead to higher spending costs by the government on inmates, using money from taxpayers. A high recidivism rate also inhibits inmates' ability to successfully reenter society. Inmates believe that they will return to

prison, which lowers their desire to improve outside of the prison system. This also decreases the number of productive adults that are able to work in society. There is a need for the rate to be lowered and the quality of life of those released from prison to be improved. This problem can be addressed with occupational therapy.

The aim of this research is to address why the United States prison system should implement occupational therapy into state and federal prisons by identifying specific occupational therapy interventions that can improve the lives of inmates, and identifying how occupational therapy services can lower recidivism rates in the United States. Occupational therapy is a growing field in modern rehabilitation, but research is still lacking on the impact that occupational therapists can have on the rehabilitation of inmates in the prison system. This study utilizes a scoping review method to identify the most relevant research already conducted and locate gaps within the literature. The purpose of this research is to provide evidence that implementing occupational therapists into the United States prison system will decrease the recidivism rates and increase the number of productive adults who reenter society successfully from the prison system.

Literature Review

History of the Federal Prison System

The Federal Prison System in the United States was established by the passage of the “Three Prisons Act” in 1891. Three federal prisons were created in Atlanta, Georgia, Leavenworth, Kansas, and McNeil Island, Washington. Even though Congress passed the “Three Prisons Act”, the federal government had little oversight in these penitentiaries. To combat this, in 1930, the Federal Bureau of Prisons was established to regulate the Federal Prison System (Federal Bureau of Prisons, 2018). The Federal Bureau of Prisons found that the prisons had problems with overcrowding and lacked meaningful activities for their inmates to participate in. However, the Bureau of Prisons did little to combat these factors, despite the damage they were doing to the inmates and their wellbeing.

By the 1930s, the system had grown to include institutions for women, juvenile offenders, and those with special medical needs. In 1933, the first medical facility was opened in Springfield, Missouri, called the Medical Center for Federal Prisoners. This initiated the long relationship between the Federal Bureau of Prisons and the U.S. Public Health Service that is still prevalent today. In 1934, the Federal Prison Industries was created to educate inmates on work-life skills and support inmates in their transition from prison to society. The Federal Prison Industries, also known as UNICOR, is still used today in the U.S. prison system (Congressional Digest, 2019). However, there is little supporting evidence that UNICOR is

beneficial to inmates, and it is believed to be unfair and unpaid labor for inmates. UNICOR and overall prison labor have a controversial background with differing opinions on how beneficial it is (LeBaron, 2012). Since the creation of the prison system in the 1890s, there has been a severe lack of supervision of the Federal Prison System from the Bureau of Prisons.

Current Health Care in the Prison System

In 1976, the Supreme Court ruled in *Estelle v. Gamble* that not providing healthcare to incarcerated Americans was considered a violation of the eighth amendment. The eighth amendment in the U.S. Constitution bans the infliction of cruel and unusual punishment. However, there is no specification as to what is considered cruel and unusual punishment surrounding healthcare access. In *Estelle v. Gamble*, the Supreme Court ruled that in order for there to be a violation of the eighth amendment, there had to be a deliberate indifference to a serious medical condition or injury on behalf of the prison or correctional institution. Even though *Estelle v. Gamble* asserted that inmates deserve healthcare, the plaintiff lost this case because there was no evidence that the prison system had deliberately ignored his physical ailments. Because of this, despite the ruling in *Estelle v. Gamble*, many prisons still refuse to offer basic healthcare to inmates.

After the attacks on the United States on September 11, 2001, the Federal Bureau of Prisons saw a large decrease in their budget. The Federal Government reallocated the criminal justice budget to put more money into homeland security and counter terrorism

(Department of Justice, 2001). Because of this, private and federal prisons began making cuts to programs that were deemed unnecessary. Budget cuts to the Federal Bureau of Prisons and the continuous rise of healthcare costs in the United States have made it increasingly difficult to receive healthcare within the federal prison system, despite healthcare being mandated.

In 2010, President Barack Obama passed the Affordable Care Act, formerly known as the Patient Protection and Affordable Care Act. The Affordable Care Act was an attempt to provide insurance to lower income Americans, older Americans, or those who had previously struggled to obtain insurance (American Medical Association, 2019). The Affordable Care Act included the ten essential health benefits that all Medicare and Medicaid services have to cover. Within these services includes preventative services and mental and physical rehabilitative services. However, the Affordable Care Act excluded inmates from the ten essential health benefits. Inmates who previously had Medicaid are removed from Medicaid after being incarcerated. Prisons then have no requirement to provide preventative services and rehabilitative services. Because of the lack of healthcare and the mental trauma of the prison system, the average inmate loses two years off of their lifespan for every year they spend incarcerated (Widra, 2017; Seiver, 2005). This number has continued to increase throughout the years as healthcare services have declined.

Occupational Therapy

The goal of occupational therapy in the prison system is to teach these inmates new skills and develop positive habits that will support their ability to reenter society. The American Occupational Therapy Association defines occupational therapy as “the therapeutic use of everyday life occupations with persons, groups, or populations for the purpose of enhancing or enabling participation” (2021). Occupational therapy is a client-centered approach to getting clients or patients back to completing tasks or activities that are most important to the client or patient. This is often done through intervention techniques that address all aspects of the client or patient’s life. Because occupational therapy is individualized, there is no set protocol for occupational therapy services, but instead there are models that guide the occupational therapists through research based evidence. The biopsychosocial model of occupational therapy means that an occupational therapist can focus on the medical, physical, and social aspect of living (Gentry et al., 2018). Occupational therapy does not rely solely on physical approaches, which means occupational therapists can also focus on teaching or reteaching daily occupations such as picking out clothes and applying for a job. These basic daily occupations can be empowering for an inmate who is about to reenter society from the prison system. When working with a client, an occupational therapist examines not only the injury or disability, but the environment the client is living and working in, the support system around the client, and the intrapersonal factors that the client may be experiencing. This is what sets occupational therapy aside from other

rehabilitative services and makes occupational therapy a strong fit for the prison system setting.

Relation Between Occupational Therapy and the Prison System

Occupational justice is defined as a social justice construct that is related to humans' need and ability to complete activities that are important to them. Occupational justice is the right to occupations (World Federation of Occupational Therapy, 2019). In occupational therapy, occupational justice is a strong factor in the success of therapy. Without occupational justice, there is little to no motivation to complete activities and a high risk for depression and other mental health disorders. Providing inmates with occupational justice can greatly improve one's mental health and combat occupational deprivation (Hansson et al., 2022). While incarcerated, inmates lose most of their independence and responsibilities. Inmates must follow a rigid schedule with little opportunity to complete tasks that are important to them. This results in occupational deprivation, which is a common side effect of punishments that are often used in prisons (Whiteford et al., 2019). Occupational deprivation can lead to a loss of occupational identity.

Occupational identity is a connection between who someone is and what they do (Hansson et al., 2022). Without a sense of occupational identity, inmates' occupational performance is impaired. Inmates cannot identify what occupations are meaningful or may not have access to occupations that are meaningful to them. This leads to a large increase in

mental health disorders. 44% of all inmates in the United States enter the prison with a mental health disorder, while 74% of all inmates leave the prison system with a mental health disorder (Farnworth et al., 2009). Because of the occupational deprivation and isolation in prison, inmates' brains are altered structurally. Inmates' brains often resemble the brains of those who have experienced PTSD. Their hippocampus may shrink, and they may struggle with orientation and memory (Akil, 2020). Occupational therapists can enter the prison system and support inmates in finding their occupational identity and reversing the psychological effects of being incarcerated. Once their occupational identity is established again, the inmates will develop a sense of occupational justice that will improve their success outside of the prison system. Inmates can receive individualized, holistic services from occupational therapists on how to reenter society (Crabtree et al., 2016). By having an occupational therapist working in the prison, inmates who are expected to be released soon will develop skills that will help them avoid reincarceration.

Because occupational therapy is unique to each person, occupational therapists use evidence-based frameworks and models to support their interventions. The Model of Human Occupation (MoHO) uses a top-down holistic approach to examine the importance of occupations in human lives. MoHO is a way to organize and understand occupations for the client and for the occupational therapist (Kielhofner et al., 1980). Using MoHO, occupational therapists can help inmates find what occupations motivate them. This would provide the

inmates with a sense of responsibility and belonging, improving their self esteem and overall desire to succeed.

Opposing Viewpoints

For occupational therapists to be implemented into the prison system, a large amount of money will first have to be put into the prison system to employ occupational therapists before there is a return on the money. The long wait for positive results may make the government hesitant to support the initiative. There is also a strong belief in the United States that inmates do not deserve support during their time in prison. This belief is costing the United State government thousands of dollars (Bloom & Bradshaw, 2022). The current healthcare system is expensive and does not provide adequate treatment for marginalized groups. People in the prison system do not have access to the resources they need to thrive after reentering society. By using health care funds to pay for occupational therapists in the prison system, the United States would cut back on money spent on the prison system while using health care funds to produce more productive adults. Support and funding for inmates and at-risk youths has been repeatedly cut, while the population of inmates has more than quadrupled in the last forty years (Muñoz et al., 2016). Occupational therapy services would greatly increase the number of people who would become productive members of society in the United States, which would increase the employment rate and provide the government with more money to spend on beneficial programs.

Methods

A scoping review was conducted to identify concepts and ideas that answer the research question. The purpose of a scoping review is to map out key concepts within a broad topic as well as locate where there are still gaps within the research (Peters et al., 2020).

Because the field of research covering occupational therapy in the prison system is still small relative to other healthcare topics, a scoping review gathers all relevant information and identifies where more research needs to be done within this topic. The Arksey and O'Malley framework, derived from the *JBIManual for Evidence*, was used to create the protocol for this scoping review.

Articles were found using the Eastern Kentucky University library as well as the following databases: Academic Search Ultimate, CINAHL, MEDLINE, and the American Journal of Occupational Therapy. These databases are chosen based on their accessibility and reliability. The key terms identified for this scoping review include occupational therapy, occupational balance, occupational justice, mental health, prison, and prison systems. All key terms were chosen based on their relevance to the topic and their likelihood to yield relevant evidence and articles. Other terms such as Federal Bureau of Prisons and United States were used to increase specificity. Inclusion criteria for this scoping review included articles published in the last fifteen years with preference to articles written in the last ten years, articles based in the United States and in the English language, and the significance of the

article's relevance to the research question. Articles were also evaluated for their validity and reliability before being considered for the scoping review.

Using the key terms and databases listed, 257 articles were identified. 41 articles were derived from Academic Database Ultimate, 79 articles from CINAHL, 67 articles from MEDLINE, and 69 articles from the American Journal of Occupational Therapy. Duplicates between databases were removed. After screening the titles and abstracts of the articles, 184 out of 257 articles remained. From there, a full screen of articles was completed to identify 43 relevant articles. These 43 articles were analyzed for inclusion criteria. 22 articles were identified as relevant to the research question and following all inclusion criteria. The 21 articles that did not meet the inclusion criteria were examined and used as supporting literature for this scoping review. The final 22 articles identified were reviewed and manually coded for themes in the form of successful interventions. Three interventions were identified as most prevalent and applicable in the prison system.

Results

Interventions

In occupational therapy, interventions are “a process that is designed to facilitate clients' engagement in occupations and improve health and wellbeing” (American Occupational Therapy Association, 2020). Interventions are planned by the occupational therapist after completing an evaluation of the client to determine the best course of action. The evaluation ensures that the intervention is specialized to the client and their specific needs and environment. The intervention is then implemented with input from the client by the occupational therapist. Intervention techniques can vary based on the client’s wants and needs, but often have an overall focus on the client’s occupational wellbeing.

Within occupational therapy, there are five different types of interventions that have been identified (American Occupational Therapy Association, 2020). These interventions are: occupations and activities, interventions to support occupations, education and training, advocacy interventions, and group interventions. After reviewing the articles identified from the scoping review, inmates proved to respond best to education and training interventions. These are interventions that specialize in educating inmates on how to thrive outside of the prison system and provide hands-on training for the inmates. However, all five interventions were acknowledged as beneficial through the research. Specifically, there were three intervention techniques used by occupational therapists that were identified as most

successful in lowering recidivism rates and improving quality of life for inmates in the United States prison system through the literature found in this scoping review. The three techniques are co-occupations, sensory modulation, and occupation-based classes.

Co-Occupations

Co-occupations are defined as occupations that are completed by two or more people working together (Pickens et al., 2009). Co-occupations are considered group interventions. By completing meaningful occupations together, inmates are developing a sense of belonging within their social groups. Co-occupations can help individuals discover where they belong in their social groups, which in turn helps them discover what they value the most (van Ness et al., 2012). Discovering roles and values can support inmates' rehabilitation from occupational deprivation. In the prison system, co-occupations are used to teach teamwork, communication skills, conflict-management skills, and responsibility.

In previous studies, specific co-occupations included solving mysteries, completing puzzles, and cooking meals. Co-occupations chosen for interventions are occupations that require the inmates to work together to create something or accomplish a common goal. The type of co-occupation can vary based on the inmates' abilities. The co-occupation should also be something that the inmates enjoy doing or have a desire to learn how to do. Implications of co-occupation groups include a lower rate of recidivism and a lower number of inmates leaving prisons with maladaptive behaviors (Jaegers et al., 2020). Inmates relearn how to

interact with others and how to address conflict without the maladaptive behaviors, such as aggression or social withdrawal, that they have used throughout their lifetime and their time in the prison system.

Through co-occupations, inmates are learning how to have positive interactions and communication with each other. Inmates often lack positive relationships and struggle with communication before they enter the prison system. While incarcerated, these skills worsen as inmates develop maladaptive behaviors along with mental health disorders (Ginneken, 2015). This negatively impacts inmates' rehabilitation and their success outside of the prison system. By providing inmates with group tasks, they learn how to work through problems together and respect each other as teammates. A study published in the *American Journal of Occupational Therapy* examined how teaching positive interpersonal strategies through co-occupations can proactively and reactively improve conflict management for inmates (Horton, 2022). This study interviewed inmates and discovered that inmates' self esteem and confidence were greatly improved when they were able to build positive relationships with those around them. These strategies created long lasting relationships for inmates and prevented future violent interactions. Inmates can work on developing these skills through their co-occupations, addressing their maladaptive behaviors, and improving their overall mental health. Co-occupations allow inmates to have interactions with each other in a

controlled environment as they learn the best way to interact with each other and communicate their emotions.

Sensory Modulation

Sensory modulation is the brain's ability to regulate itself and regulate sensory input. Sensory modulation is individualized to each client, as each client responds to stimuli differently. While there are common sensory modulation techniques, each client may have a specific modulation that is most comfortable for them. Sensory modulation is considered an intervention to support occupations, because it is used to prepare the inmates for an occupation. An occupational therapist may conduct an evaluation before using sensory modulation techniques to decide if sensory modulation is the best choice, and, if it is an appropriate intervention, to decide what techniques of sensory modulation will work best for the individual (LeBel et al., 2010). Because sensory modulation is individualized, it is also a positive experience for inmates. In the prison system, there are very few individualized aspects of the experience of being an inmate. Sensory modulation allows the inmate to explore what makes them the most comfortable.

Sensory modulation is a common technique used within occupational therapy. It is often used in a pediatric setting for occupational therapy, but it has been previously proven to help adults with mental health disorders. Sensory modulation can be used in the prison system to help inmates learn about and control their emotions. Some examples of sensory

modulation used within the prison system currently include sensory rooms, weighted blankets, aromatherapy, fidget toys, and vibration mats. These tools provide sensory input for the inmates when they may be struggling with their emotions. Most commonly, inmates require support for anger management, anxiety, and depression. Within all studies identified for sensory modulation interventions, the most common results were decrease in anxiety and depression, increase in ability to cope with triggers, an improvement in behavior, and a stronger desire for recovery (Craswell et al., 2020; LeBel et al., 2010; Rogers et al., 2021). These outcomes all positively correlate with inmates' ability to reenter the community and succeed outside of the prison system.

Sensory modulation also saw physiological impacts that other occupational therapy interventions did not. Inmates who used sensory modulation reported a decrease in blood pressure, a lower heart rate, and significant improvement in their quality of sleep. These factors can be attributed to the decrease in anger and stress after using sensory modulation techniques. Sensory modulation can be used to improve the mental, physical, and social well being of inmates in the United States.

Occupation-Based Classes

Occupation-based classes were the most common and most effective intervention reported in the United States prison system. Occupation-based classes are considered to be an education and training intervention. For the purpose of this study, occupation-based

classes are defined as classes intended to teach or reteach instrumental activities of daily living to inmates and support inmates in their transition from incarceration to society. These classes specifically focused on areas of living that inmates most commonly struggled with when returning to their communities. These classes include, but are not limited to, technology, community reentry education, employment, and skills for living. The aim of these classes is to educate inmates on things that have changed since the last time they were in the community so that the inmates have the best possible chance to succeed outside the prison system.

In 2016, the Indiana University Occupational Therapy Department conducted a study on occupation-based classes. The department interviewed 27 male inmates who were located in Indiana and had been in prison for at least ten years and had no more than four years remaining in their sentence. These 27 inmates were given occupation-based classes by the occupational therapists. These classes focused on meaningful occupations, information, reentry fears, technology, and self-worth. While taking the classes, the inmates were interviewed regarding their knowledge, their experience, and their self-worth. The researchers were expecting the inmates to describe all the new things they were learning: how to use the new iPhone, how to apply for a job, how to go on a date. However, the inmates described the class about self-worth as the most impactful. In his post-study interview, one inmate reported, "It's an awesome feeling to have somebody come in from the outside that's

presenting a class or presenting a speech or for whatever reason and they're doing it for us, and it's powerful. It's validating" (Crabtree et al., 2016). An urban jail in St. Louis also implemented occupational therapy services through classes for all inmates nearing the end of their sentence and evaluated the inmates after their release (Jaegers et al., 2020). Inmates showed positive reactions to the interventions. Instead of 60% of the jail's usual recidivism rate, the jail only saw 30% of inmates enrolled in the program return to the jail within five years.

Inmates are often scared to reenter society because they have been in the prison system for so long. Inmates may feel uncomfortable by the change back into society and develop low self-esteem because they do not see themselves as capable. This leads to recidivism, as they do not believe it is worth it for them to improve their own quality of life. Occupation-based classes increase self confidence, self respect, and validation as a human being for inmates. Studies conducted with inmates and occupation-based classes reported a significantly lower recidivism rate than the national average. With occupation-based classes, inmates are more likely to thrive outside of the prison system and want to succeed in their community.

Discussion

Plan of Action

The plan of action would be to employ occupational therapists in every federal and state prison in the United States to begin working on successful release back into society.

Using the interventions discussed, occupational therapists would begin interventions with inmates up to three years before their release.

Occupational therapists would work with other health care professionals to ensure the success of the inmates using a transdisciplinary approach. This team would most likely include occupational therapists, psychologists, social workers, and those involved in the legal side of the process. Occupational therapists in the prison system would be paid by the government. This will at first cost the government money, but it will save money in the end.

Implications for Occupational Therapy

Based on the research identified, there is strong evidence that occupational therapy can have a large impact on the quality of life for inmates in the United States prison system and the recidivism rate. Using this research and the interventions discussed, occupational therapists would go through training on how to interact with inmates and what intervention plans work best. Federal and state prisons would become options for field work for students during their occupational therapy programs, giving students hands-on experiences in a new environment. Some universities have already enacted this plan for field work. A rural

university in Pennsylvania introduced their local jail as a fieldwork site in 2005. From the beginning, they saw positive impacts on the students and the inmates (Provident et al., 2005). Inmates would have the chance to enroll in pre-release classes to prepare them for reintroduction into society and help them discover their occupational identity outside of the prison setting.

Implications for the Prison System

The United States prison system would benefit from implementing occupational therapists in their facilities to work with all inmates on their ability to successfully reenter society. The largest implication from employing occupational therapists for the prison system is the money saved per year. While this originally would be a large cost for the Bureau of Prisons, the government would eventually see a large return on their investment into occupational therapists in the prison system. Currently, state and federal governments spend on average \$45,000 per inmate per year. By reducing the recidivism rate, federal and state prisons will save money that can be spent elsewhere, such as on salary for occupational therapists or other rehabilitative services to improve the quality of life for their inmates.

Limitations

The three interventions discussed in this scoping review provided the best results for improving quality of life and reducing recidivism, but there are other occupational therapy interventions available that may benefit inmates. Due to the COVID-19 pandemic, there was a

nationwide pause on research being done within the prison system. Many inmates were released before the end of their sentence, and therefore were not able to complete their occupational therapy interventions. This has strongly impacted the reliability of recent studies. As the prison systems begin to open up to data collection, more research is necessary to identify all beneficial and relevant interventions.

This study was also limited to recent studies written in the English language within the United States. In other countries, occupational therapy has already been implemented in their prisons for holistic rehabilitative purposes. More research should be done to identify what interventions are used outside of the United States, how successful they are in reducing recidivism rates and improving quality of life, and if they are applicable to the United States prison system as well.

Conclusion

In conclusion, there are multiple occupational therapy interventions that would positively impact inmates in the United States prison system. Including occupational therapists in the prison system will reduce the number of people going in and out of the prison, save the United States government money, and provide mental health care to inmates to improve quality of life and increase their success outside of the prison system.

Implementing occupational therapists would be a large step in the movement towards prison and health care reform, while providing a new way for the government to think about the connection of the healthcare system to the rest of the nation. While there is still a need for research to be done on a wider scale, the three interventions identified in this scoping review provide a strong foundation for occupational therapy in the prison system.

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