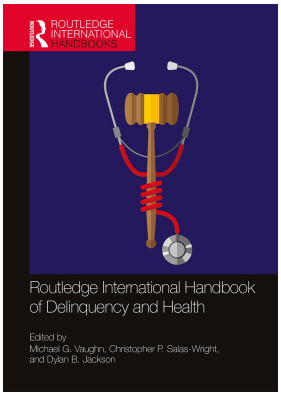

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The Role of Occupational Science and Occupational Therapy in the Juvenile Justice System

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THE ROLE OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY IN THE JUVENILE JUSTICE SYSTEM

Lisa A. Jaegers, Karen F. Barney, and Rebecca M. Aldrich

Introduction

Scholars and practitioners in the criminal justice arena may know little about occupational therapy unless they work in forensic settings that house people with serious mental illness (Farnworth & Muñoz, 2009). The proportion of occupational therapists working in criminal justice settings is low (Muñoz, Moreton, & Sitterly, 2016), but there is growing recognition that an occupational perspective can make a distinct and significant contribution within these settings. The purpose of this chapter is to introduce readers to the occupational perspective and the ways in which it grounds occupational therapy practice in the criminal justice arena. We will provide examples of how this perspective has shaped occupational therapists' work with juveniles internationally, within the justice system in California for over 20 years, and with adults inside and outside correctional facilities in Missouri. Based on those examples, we will suggest how occupational scientists and occupational therapists can be engaged by a range of disciplines and professions as partners in preventing juvenile suspension and detention, as well as promoting optimal outcomes within juvenile justice systems.

An Occupational Perspective of Health

A unique perspective – the occupational perspective – grounds the discipline of occupational science and profession of occupational therapy. An occupational perspective of health privileges the relationship between everyday human activities, such as work, parenting, self-care, and healthy survival (Wilcock & Hocking, 2015). These activities, or "occupations," are the subject of inquiry for occupational scientists (Dickie, 2010; Hocking, 2009) and also the means and ends of occupational therapy practice (Gray, 1997). Occupational scientists and occupational therapists see occupations as complex phenomena that encompass people's doing, being, becoming, and belonging (Hitch, Pépin, & Stagnitti, 2014; Wilcock, 1998). People who take up the occupational perspective in research and practice acknowledge the situated

nature of everyday doing and try to discern how occupations help develop meaning, identity, purpose, and community (Laliberte Rudman, & Aldrich, 2017). This perspective aims to take a holistic approach (Aldrich, 2008) to inquiring about occupation and employing it as a therapeutic medium and outcome. An occupational perspective thus examines the diverse ways in which personal and contextual factors transact to produce occupation (Dickie, Cutchin, & Humphry, 2006) on both individual and community levels (Cutchin, Dickie, & Humphry, 2017; Lavalley, 2017).

Since the inception of occupational therapy in 1917 and the formalization of occupational science in 1989, scholars have worked to articulate how research and practice can be more occupation-focused (Fisher, 2014) and thus more reflective of human experience. As part of those efforts, there has been increasing attention to the ways in which occupational engagement reveals and is related to conditions of justice or injustice (Aldrich, 2018; Bailliard, 2016; Wilcock & Hocking, 2015). An occupational perspective links the conditions of everyday life that promote or inhibit occupational engagement (Durocher, Gibson, & Rappolt, 2014) to the equitable or inequitable outcomes that constitute social problems (Wilcock & Hocking, 2015). Aside from this focus on conditions, the view of occupation as a human right is central to an occupational justice perspective of health (Hammell & Beagan, 2016; Hocking, 2017). Given the belief that people are occupational beings who have a right to facilitate their health and survival through occupations, the pursuit of occupational justice is increasingly seen as an inherent aspect of occupational therapy practice (Aldrich, Boston, & Daaleman, 2016; Bailliard & Aldrich, 2016).

Within this focus on justice, much attention has been paid to occupational deprivation (Durocher, Gibson, & Rappolt, 2014), which Whiteford (2000) defined as "a state in which a person or group of people are unable to do what is necessary and meaningful in their lives due to external restrictions" (p. 200). Incarceration is the most frequently referenced example of occupational deprivation in the occupational justice literature. Whiteford (2010) noted that

> from an occupational perspective, incarceration deliberately withdraws opportunities to participate in or choose occupational pursuits … such a sanction represents a powerful reminder that the right to *do* what one chooses, when, and where (within the confines of the law) is considered to be so central to our cultural understandings of what it is to be human, that to remove that freedom of choice and participation in occupations is considered the most severe punishment.
>
> *(p. 312)*

Whiteford went on to suggest that "severe forms of occupational deprivation actually mitigate against inmates' future abilities to reintegrate successfully into communities" (p. 314). As a form or outcome of occupational injustice, occupational deprivation provides a conceptual anchor for addressing occupation from a structural level within education and justice systems, allowing occupational therapists to both enrich and move beyond the individual-level interventions that have long characterized their profession.

Beyond the specific focus on occupational deprivation, the increased uptake of critical theoretical perspectives has engendered a spirit of questioning the status quo among some occupational scientists and occupational therapists (Farias & Laliberte Rudman, 2016). One outcome of this emphasis is the reconceptualization of occupation itself among scholars and practitioners. Despite the predominant emphasis on the health-promoting aspects of occupation, there is recognition that not all occupations promote health and that some occupations labeled as socially deviant may have beneficial attributes and effects (Twinley, 2013). In understanding these so-called, non-sanctioned sides of occupation (Kiepek, Beagan, Laliberte Rudman, & Phelan, 2018; Twinley & Addidle, 2012), occupational scientists have joined with criminologists to advocate for a more

holistic, community-focused view of occupation (Aldrich & White, 2012) informed by the late Dr. Norman White's (2013) work on risk immersion. Dr. White, a developmental criminologist, was a champion of the occupational perspective in his work with communities. In his many conversations and collaborations with the third author of this chapter, he admitted to incorporating the notion of occupation into both his teaching and research, describing the benefits of focusing on the "activities of people's lives" (N. White, personal communication, 2012). Dr. White's ardent support of the occupational perspective signals its potential contribution to the wider conversation about juvenile justice issues. As a tribute to his work and means of honoring his legacy, this chapter will delve further into the contributions that an occupational perspective can make through research and practice to understanding the conditions and outcomes of juvenile delinquency.

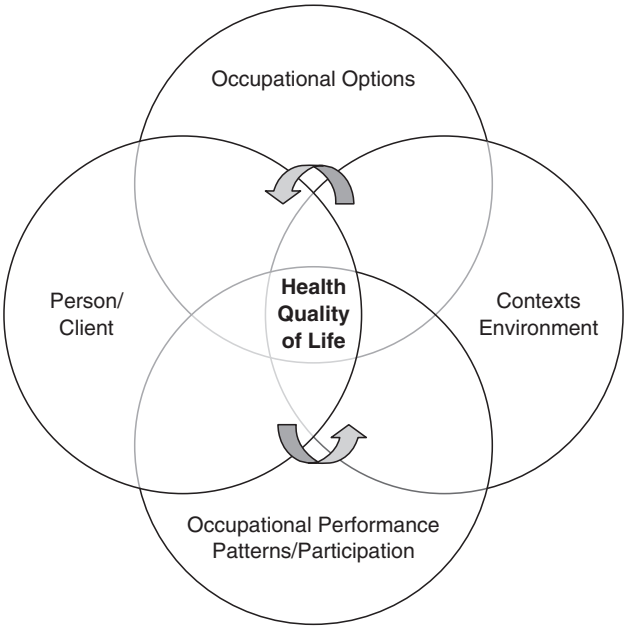
Occupational Therapy Practice Perspective and Process

A conceptual model known as the *Occupational Therapy Practice Framework* (OTPF) guides Occupational Therapy (OT) practice in the United States. Within the OTPF, *occupational therapy* is defined as striving to "achieve health, well-being, and participation in life through engagement in occupation" (AOTA, 2014, p. S2), guided by World Health Organization definitions for each of these terms (WHO, 2014). Occupational therapists (OTs) use everyday life activities (occupations) with individuals, groups, systems, or populations for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings (AOTA, 2014).

Occupational therapy services are provided throughout the lifespan for prevention, habilitation, rehabilitation, life transitions, and promotion of health and wellness for clients who are at risk for or with disability-and non-disability-related needs, as well as their family, friends, and communities. These services include acquisition and preservation of occupational identity for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or *participation restriction,* [as in suspension, detention, incarceration, or supervision] (AOTA, 2014). Knowledge of the transactional relationship and the significance of meaningful and productive occupations form the basis for the use of occupations as both the means and the ends of OT interventions (Trombly, 1995). This knowledge sets occupational therapy apart as distinct and has been shown to make significant differences in preventing pathological outcomes (Case-Smith, 2015; Dunn, 2011; Fingerhut et al., 2013; Rogers, Bai, Lavin, & Anderson, 2017; Shea & Siu, 2016).

Figure 21.1 describes the transactional relationship between the person, her or his participation in occupations (activities), also known as *occupational performance*, and the individual's health related quality of life, as follows:

- **Person/Client:** How are intrinsic factors uniquely expressed in this individual/group/population; how may functional performance of activities/occupations be different now compared with the past or future?
- **Contexts/Environment:** What are the contexts (e.g. social, cultural, personal, temporal, and virtual), environments (e.g. physical terrain, built, neighborhoods), and other social determinants of health (e.g. health care, education, economic stability, and community) in which actual and potential occupational (activity) options are grounded?
- **Occupational Options:** What are the activity participation possibilities (e.g. self-care, education, play/leisure, social, work, rest/sleep)? What activities does this child/youth/parent/group/population want or need to do; what are current priorities and goals (e.g. ideally determined by the individual or family/group/population and OT)?



Adapted from Person-environment-occupation-performance/participation (PEOP) model (Christiansen et al., 2005).

Figure 21.1 Occupational therapy conceptual process for health promotion

- **Occupational Performance/Participation:** What comprises enactment of activities (e.g. performance patterns and skills) within the individual's/group's context? Where non-sanctioned activities represent meaningful participation for the child/youth/parent/group/population, these become foci for occupational therapy interventions.
- **Outcome Goal for OT Intervention:** What will enable performance of and engagement in priority activities to support the individual's/group's/population's overall health, well-being and quality of life?

Occupational therapy practitioners use their knowledge of the transactional relationship among the client, his or her engagement in valued occupations, and the context to collaboratively assess the client, design and implement occupation-based intervention plans; and perform periodic re-evaluation to determine continuation and/or discontinuation and referral to other services. Planning includes close collaboration with the client and other relevant professionals, services and resources. Occupational therapy assessment focuses on the client's performance of the occupations (activities) that are needed, motivating to the client, and expected within the individual's community and society. Client strengths, as well as gaps in development and occupational performance reflected in the individual's or significant others' account of personal history, as well as records (e.g. educational, medical, justice-system related) are identified. Occupational therapy practitioners' education foundation includes social, neurological, human anatomical, physiological, psychological, social and occupational sciences, as well as extensive fieldwork, all of which prepare OTs in applying thorough assessment, evaluation and intervention skills.

Standardized assessments, as well as input from parents and/or all relevant sources are typically included in the evaluation process, prior to intervention planning. First, an *occupational profile* is

finalized, providing an understanding of the client's background and perspective, and summarizes the client's occupational history, daily living routines and performance in related activities, interests, values and needs. Next, an *intervention plan* is collaboratively developed with the client, in order to facilitate change or growth in client factors (body functions, body structures, values, beliefs, and spirituality) and skills (functional cognition, motor, social interaction, and daily living) needed for successful participation within society. Occupational therapy practitioners are concerned with the participatory process and end result, and thus enable the client's engagement through interventions that focus on improving behaviors, habits, roles, routines, and functional status, as well as adaptations and modifications to the environment or objects within the environment, wherever needed (AOTA, 2014).

Occupational Therapy Intervention

Interventions follow the plan developed collaboratively with the client or proxies, including parents, and describe the OT approaches and interventions to be utilized in addressing the client's needs and measurable occupation-focused goals. Collaboration occurs with other disciplines and relevant individuals (e.g. parents, early intervention, daycare and/or school or justice system personnel), to determine methods of service delivery, types of intervention to be used, and related personnel. Relevant referrals are made, as well as addressing potential discharge needs and plans. This planning is repeatedly reviewed and updated, as indicated. Additional evaluation may ensue, if prior unidentified needs or problems are observed during the OT intervention process.

A focus on outcomes, is included throughout the occupational therapy process during the evaluation and intervention phases, and renegotiated as indicated. Outcomes are documented, evaluated, and reported to all relevant parties. They are directly related to the interventions provided and to the targeted occupations, client intrinsic factors, performance skills and patterns, as well as their contexts and environments. Additionally, the client's subjective impressions (e.g. improvements in outlook, confidence, resilience, achievement of greater balance of activities, resilience and sense of health and well-being) may be included as targeted outcomes (AOTA, 2014). Outcomes for groups, organizations, and populations may include improved social interaction, use of leisure time, peer support, health promotion, sense of well-being, and quality of life, or productivity and purpose/meaningfulness of work roles.

Lifespan Approach: Holistic Assessment and Intervention Process

Occupational therapy practitioners promote health and quality of life by promoting the establishment of healthy roles, habits and routines that lead to active participation across the life span via the following:

- Adapting activities and environments to enhance participation in meaningful roles and routines (AOTA, 2014; Doll, 2014).
- Enhancing development and skill acquisition in fine and gross motor coordination, social interaction, problem solving, and self-advocacy (Case-Smith, 2015; Cohn & Lew, 2010; Doll, 2014).
- Facilitating independence across the spectrum of occupational routines in feeding, bathing, dressing, and other self-care and school-related activities (Cohn & Lew, 2010).

Occupational therapists work in a variety of settings that serve infants, children, their parents and extended families, including clinics, hospitals, daycare settings, detention centers, other

juvenile justice settings, homeless shelters, homes, schools, and wellness centers, as well as other settings in communities throughout the world.

International Application of Occupational Therapy Interventions

Globally occupational therapists have historically recognized the uniquely effective role of occupational therapy in the rehabilitation of individuals who are at risk for or involved with criminal justice systems (Muñoz, Moreton, & Sitterly, 2016; O'Connell & Farnworth, 2007; Penner, 1978). Occupational therapy's worldwide presence in providing interventions to prevent or mitigate juvenile dysfunction has been broad. From work in Central and South America with marginalized families and children, Sierra Leon with child soldiers, Gaza, Cambodia and other parts of Asia, throughout Europe, and South Africa, the discipline utilizes age-appropriate, culturally relevant interventions based upon individual, group, and population needs. In Japan, where norms for culturally appropriate occupational behavior are highly defined, 20% of the occupational therapy profession works with persons at risk for detention or who are incarcerated (Tomoko Kondo, personal communication, 2014).

Since spiritual qualities such as hope, courage, and trust are integral to children's abilities to achieve their highest potential throughout their lives, intervention plans are developed collaboratively and grounded in the participants' cultural experience (Townsend & Polatajko, 2007). Following are examples of international occupational therapy programs for children and youth.

Argentina: Occupational therapy via a "Coming Back to School" program has been utilized with teenagers from large marginalized families to prevent and mitigate the impact of parental chronic poverty and unemployment, resulting in limited food, health supports, education, homes, work, and overall occupational development. Many of the teenagers and their parents have a history of encounters with law enforcement and have dropped out of their education programs (Kielhofner, 2004). Different strategies to support the teens, despite pregnancy, delinquency or addictions have been developed, in collaboration with social workers and their community (Duschatzky & Corea, 2007). These approaches have included strengthening individual skills, identifying leisure activities and work with economic incentives that is motivating to the participant. In this program >86% of the teenagers completed the school year. Additional notable outcomes were that some of these youth reported no longer being treated as "criminals" and valued socializing in healthier daily life experiences (Benassi & Fraile, 2011).

Brazilian occupational therapists have developed territorial interventions to address societal needs. Evidenced by statistical indicators, in Brazil violence experienced by adolescents from working-class groups had escalated to alarming levels, due to inadequate public policies. As a result, the following projects were developed by occupational therapists:

1 *School Violence and Educational Initiatives*: Contributing to the participation and effective inclusion of working-class youth who attended or dropped out of schools.
2 *Urban Violence and Territory*: Youth identification of needs and organizing discussion groups regarding violence while training human resources support among partnering institutions (Barros, Garcez Ghirardi, Lopes, & Galheigo, 2011).

In *Mexico and Guatemala,* Frank Kronenberg, an occupational therapist from the Netherlands, tackled complex contextual conditions that deprived children and youth living on the streets. These youth were alienated from and would not attend established rehabilitation programs. Their sense of isolation, powerlessness, frustration, loss of control and estrangement [occupational alienation] was derived from participating in activities that didn't motivate them. Thus, he created

a variety of occupational forms that had the potential to reach them and to achieve the following:

- Building self-confidence and a (new) sense of belonging
- Learning to listen to, express, and make sense of personal experiences
- Learning about and confronting their occupational apartheid experience (participation restriction on the margins of society)
- Working to establish a new structure of habits and roles that would enable them to shape their destinies (Kronenberg, 2005).

United States: Opportunities for Promoting Optimal Occupational Performance

In the U.S., outcomes of prenatal alcohol and drug exposure, as well as abuse, neglect, and trauma have been studied for decades and been identified as precursors to physical and behavioral abnormalities in infants, toddlers, children, and incarceration for youth and adults (Bandstra, Morrow, Mansoor, & Accornero, 2010; Wolff & Shi, 2012). Occupational therapists (OTs) working in primary care and community settings serve as members of interdisciplinary teams with physicians and other health care and social service providers to identify and work with those at risk for substance use or alcohol use or abuse during pregnancy (Farmer, Lamb, Muir, & Siebert, 2014). Within the medical team, OTs work with parents to prevent alcohol and substance abuse, neglect and trauma, by assisting in educating them on potential risks and identifying and substituting meaningful leisure activities, routines, and relationships for those that are triggers for alcohol or substance use. Additionally, OTs work with parents to promote positive, functional parenting skills. Occupational therapists also work in daycare settings and homeless shelters that include children, assessing development and determining delays and factors that place children at risk for future behavioral problems if left untreated (Bruder, 2010; Rybski & Wilder, 2008; Thomas, Gray, & McGinty, 2011).

Occupational therapy intervention between the ages of 0 to 5 years has been demonstrated to be effective with infants and children affected by alcohol or substance use. Occupational therapy practitioners provide services to children and youth in order to promote the following:

- Enhancing play and leisure skills by assisting children in adapting to the environment, negotiate barriers, establish functional routines, habits and behaviors, and find supports in friends, pets, neighbors, and teachers (Harding et al., 2009).
- Supporting children's interests and abilities to create positive vs disruptive experiences in play and leisure (Frolek Clark & Kingsley, 2013; Harding et al., 2009).
- Providing family-centered service delivery that incorporates support to strengthen the family to improve satisfaction, well-being, social support, child performance (e.g., cognitive, motor, self-care, socially sanctioned behaviors), and parenting skills (Frolek Clark & Kingsley, 2013).
- Using a variety of interventions such as modeling, play-based activities, cognitive-behavioral strategies, and social toys to promote cooperative play and positive social outcomes (Frolek Clark & Kingsley, 2013).
- Improving social interactions, and physical, cognitive, communication, emotional, and sensory processing skills (Frolek Clark & Kingsley, 2013; Harding et al., 2009).

From ages 3 to 21 years, preschools and K-12 systems focus on learning academic, nonacademic, and functional skills. Occupational therapists enhance participation in daily life activities in school for children with disabilities *or at risk for disabilities* including *behavioral,* as follows:

- Assisting the child designated with behavioral, physical, or psychosocial challenges to benefit from his or her educational program (Yell, Shriner, & Katsiyannis, 2006) by focusing on developing routines in activities of daily living (e.g., dressing, hygiene, eating, rest and sleep), instrumental activities of daily living (e.g., community mobility, safety), learning (e.g., handwriting, computer use, attention), *play and leisure, social participation, and work* (Doll, 2014; Elbaum & Vaughn, 2001; Frolek Clark & Chandler, 2013).
- Providing services in the least restrictive environment and assisting in transition planning to prepare children for further education, employment, and independent lives (Landmark, Ju, & Zhang, 2010).
- Working with the student as well as their family, educational staff, and community members to promote societally sanctioned educational, physical, and social choices and skills of participation in society (Frolek Clark & Chandler, 2013).
- Enhancing access to the school environment through modifications and supports (e.g. socio-emotional self-regulation strategies for at-risk children, appropriate socializing and playing on playgrounds) (Barnes, Vogel, Beck, Schoenfeld, & Owen, 2008; Bazyk & Arbesman, 2013; Frolek Clark & Chandler, 2013).
- Promoting evidence-based initiatives such as Early Intervening Services (multi-tiered system of services), Family Centered Practice (FCP), Universal Design for Learning, and School Health and Wellness (e.g., nutritional foods, activity to increase health and decrease obesity, *coping with neglect, abuse or other trauma, stopping school bullying and other socially deviant behaviors*) (Frolek Clark & Chandler, 2013).

Early intervention, school-based, and juvenile detention services, where identification of client needs *as well as strengths and occupational performance skills* are not included in typical assessment and programming, omit addressing fundamental occupational performance needs for sanctioned functioning within society, especially for those living in poverty on the margins of society.

An historical focus on behavioral interventions that suspend or remove juvenile offenders from school and/or place them in jail or prison has prevailed since the 1980s, when a shift in legislation from nurturing and educating incarcerated youth toward punishment took place (Listwan, Sullivan, Agnew, Cullen, & Colvin, 2013; Seiter, 2011). Infusing an occupational perspective in policy, justice system design and culture, collaborative practice, and community education has the potential to change the punitive nature of juvenile delinquency to a transformative process (Henderson, Batten, & Richmond, 2015). This client-centered and occupation-based therapy uses a non-prescriptive approach that validates the client and has been shown to be especially effective with youth who are at-risk and participating in urban programs in California that were established to serve vulnerable youth ages 5–24 years (Shea & Jackson, 2015; Snyder, Clark, Masunaka-Noriega, & Young, 1998).

For 43 years, the Los Angeles based program has operated, funded by the U.S. Department of Labor; and for 19 years, the San Francisco Bay Area Occupational Therapy Treatment Program (OTTP), funded by the City of San Francisco, has served vulnerable youth with mental health challenges, learning, social, and/or emotional disabilities, special education status, economically disadvantaged, on probation or detained, pregnant or parenting, placement in foster care system, and developmental delays. The ultimate goal of OTTP services is to decrease risk behaviors by engaging youth in meaningful, purposeful activities that result in positive future orientation and goal fulfillment. The youth in these programs build skills necessary for optimal performance in school, vocational, home, and community settings; and are empowered to maximize their potential to achieve personal, educational, and vocational goals (Shea & Jackson, 2015).

The OTTP organization provides 14 interprofessional programs that are client-centered, strengths-based, and customized to meet the individual youth's needs. Each program addresses

different needs of the adolescent population served via the OTTP approach, which includes the following:

- Approaching each youth holistically
- Facilitating opportunities to cultivate each youth's strengths
- Identifying and honoring their interests and priorities
- Facilitating utilization of community resources that match strengths and interests
- Empowering youth to select intervention options
- Providing trauma-informed care
- Addressing social skills, healthy decision-making, problem-solving, healthy risk-taking, effective communication, vocational skills and experience, as well as educational pursuits.

Occupational therapy services at OTTP include screenings, assessments including vocational strengths and deficits, and individual or group interventions (Haworth & Cyrs, 2017). Their *vocational preparation* services includes vocational assessments, job readiness, skill building, job referrals, and placement. *Transition Planning* supports youth as they navigate the next steps after turning 18 years of age. *Case Management* provided by social workers, *Psychotherapy, Family Therapy, Resource Development*, and *After-care Services* provide additional supports to youths to promote optimal outcomes.

Play as occupation is critical for children through adolescence, and is particularly important for youth in detention. Since their environment limits daily occupations, incarcerated youth typically experience few opportunities for play activities or engagement in personally chosen meaningful occupations (Shea & Siu, 2016). Routine life in detention represents restriction to a jail cell or similar circumstances, with external activities primarily involving bathing, grooming, dressing, eating, formal education, and occasional court appearances. More available for youths in detention are unstructured activities that are more passive (e.g. watching television, talking and listening to music); these provide some alternatives to boredom. Structured leisure occupations, such as crafts, games, and sports are more meaningful but less available for detained youths (Farnworth, 2000). The lack of structured play opportunities for youth in detention deepens their isolation, thus impeding their healthy growth and development (Farnworth, 2000; Shea & Siu, 2016).

Basic living skills are also fundamental to successful youth transitions to adulthood. Studies by Arnett (2001, 2014) and Schwartz, Côté, and Arnett (2005) demonstrated that adolescents strive to accept personal responsibilities, formation of mature relationships with adults, maturation of personal beliefs, values, and financial independence as the most important elements of successful adulthood. However, youth in detention have limited opportunities to develop healthy relationships, strong self-identities, and employment skills (Arnett, 2001, 2014; Schwartz, Côté, & Arnett, 2005).

Occupational therapists in the community-based Occupational Therapy Training Program (OTTP), conducted a study exploring the extent of engagement of male and female youth in detention, aged 14 to 18 years old, in structured play activities on topics such as interpersonal relationships, self-awareness, cultural celebrations and the transition to community. Retrospective analysis of data collected from surveys using the Engagement in OTTP Activities Questionnaire (EOAQ), completed by youth participants at the end of each group session, was used to measure the extent of occupational engagement. Additional activity related data (e.g. worksheets and art projects) were also analyzed (Shea & Siu, 2016).

Participants reported very high engagement in OTTP; scores for males were higher than those for female participants, and both genders had higher engagement scores for different activities. Over 90% of the worksheets and artworks were found to be complete and relevant to the topic of the session. These results indicate that play activities may facilitate acquisition of life skills for youth in detention. Future studies examining the potential gender-related preferences for

specific topics deserve further investigation as well as research comparing the youth's engagement in OTTP interventions using play activities to other group interventions (Shea & Siu, 2016).

Transformative Justice Initiative

Historical Overview

Since 2010, the second author of this chapter, Dr. Karen F. Barney, has shaped an innovative model for facilitating successful community reentry. Barney initially worked with the Saint Louis University (SLU) Prison Program founder, Dr. Kenneth Parker, who built a unique higher education program for both staff and individuals incarcerated within the Missouri Department of Corrections prisons. Barney's vision for re-entry included capitalizing upon the presence of many professions at SLU in providing pre- and post-release seamless habilitation and rehabilitation supports, utilizing occupational therapy as a core discipline, while collaborating with justice systems. The interprofessional process invited professionals in social work, medicine, nursing, psychology, business, law, nutrition, career services, English as a second language faculty, and the Workforce Development Center to provide all indicated areas of expertise to support reentry and long-term successful return to society from incarceration. Occupational therapy provides evidence-informed assessment and one-one, as well as small group, occupation-based interventions. The process is guided by the presenting needs of clients, including high school equivalency preparation and completion, higher education, and ongoing pre-release preparation and post-release facilitation of occupation-based and interprofessional services supported by many related community agencies, to encourage successful reentry.

In 2014, the first author of this chapter, Dr. Lisa Jaegers, proposed widening the scope of reentry services by including justice system organizational needs assessment and workplace health along with Barney's model for collaborative and bridged transition services. The Transformative Justice Initiative (TJI) was formed to include partnerships with city, state, and federal justice settings that work strategically towards organizational change and implementation of evidence-informed transition services. The Initiative's core is a combination of systems, community, university, and individual action to address incarceration and justice system needs; in essence, a transformative justice model.

Implementation of TJI programs began with correctional staff. The work of correctional officers is dangerous and has a negative impact on their health (Brower, 2013). Correctional officers often lack freedom to engage in meaningful work activities in cultural environments that promote punitive, punishment as opposed to positive, skill building and encouragement (Brower, 2013). Through a community-based participatory research study using a Total Worker Health® approach at urban and rural jails, we learned that officers experience serious mental and physical health issues (Jaegers et al., under review-a). Officers agreed with the need for resident treatment and rehabilitation programs, and agreed with the importance of having compassion for jail residents. The project identified specific workplace health promotion and protection interventions and the implementation process has been in progress since 2016. We recognize that unmet correctional worker health needs, combined with a highly stressful work environment, likely contribute to limitations in performing quality work with residents. Programming to improve workplace health and culture are necessary for potentially improving the identification, implementation, and delivery of services for individuals including juveniles interacting with the justice system.

The Occupational Therapy Transition and Integration Services (OTTIS) through TJI apply Barney's pre- and post-release model in an urban jail. Through a 16-month process evaluation, we've learned the participating jail was not designed to provide rehabilitation and transition or reentry programming and there were major barriers to resident participation due to the unknown nature of being held pre-sentenced (Jaegers et al., under review-b). Despite many challenges, it was

feasible to implement OTTIS in an urban jail largely due to solid partnerships with correctional officers and staff that were developed through our workplace health project. Our study findings informed program modifications to work more directly with attorneys and courts who, after learning about the benefits of occupational therapy, have referred clients to our pre-release services. By working with individuals during the pre-sentencing period, we explore their occupational goals, begin therapeutic activities towards those goals, and share progress with the court during sentencing. Our advocacy work has resulted in lower sentence duration and community release where post-release occupational therapy interventions continue.

Conclusion

This chapter provided an introduction to the application of criminal justice-based occupational perspectives and occupational therapy practice for work with juveniles. We have explored examples of occupational therapy practice across prevention of juvenile detention and intervention within the justice system. Our formative research gives practical details to inform correctional workplace health and transition and integration (reentry) program development to potentially impact system change and engage individuals in health-promoting, meaningful occupations.

References

Aldrich, R. (2018). Strengthening associated living: A Deweyan approach to occupational justice. *Journal of Occupational Science*, *25*, 337–345. doi: 10.1080/14427591.2018.1484386.

Aldrich, R., Boston, T. L., & Daaleman, C. E. (2016). The issue is … Justice and US occupational therapy practice: A relationship 100 years in the making. *American Journal of Occupational Therapy*, *71*, 7101100040p1–7101100040p5. doi: 10.5014/ajot.2017.023085.

Aldrich, R., & White, N. (2012). Re-considering violence: A response to Twinley and Addidle (2012) and Morris (2012). *British Journal of Occupational Therapy*, *75*, 527–529.

Aldrich, R. M. (2008). From complexity theory to transactionalism: Moving occupational science forward in theorizing the complexities of behavior. *Journal of Occupational Science*, *15*, 147–156. doi: 10.1080/14427591.2008.9686624.

AOTA – American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, *68*, S1–S48.

Arnett, J. J. (2001). Conceptions of the transition to adulthood: Perspectives from adolescence through midlife. *Journal of Adult Development*, *8*, 133–143. 2014.

Arnett, J. J. (2014). *Adolescence and emerging adulthood*. Boston, MA: Pearson.

Bailliard, A. (2016). Justice, difference, and the capability to function. *Journal of Occupational Science*, *23*, 3–16. doi: 10.1080/14427591.2014.957886.

Bailliard, A., & Aldrich, R. (2016). Occupational justice in everyday occupational therapy practice. In D. Sakellariou & N. Pollard (Eds.), *Occupational therapies without borders: Integrating justice with practice* (pp. 83–94). Oxford, UK: Elsevier.

Bandstra, E. S., Morrow, C. E., Mansoor, E., & Accornero, V. H. (2010). Prenatal drug exposure: Infant and toddler outcomes. *Journal of Addictive Diseases*, *29*, 245–258. doi: 10.1080/10550881003684871.

Barnes, K. J., Vogel, K. A., Beck, A. J., Schoenfeld, H. B., & Owen, S. V. (2008). Self- regulation strategies of children with emotional disturbance. *Physical & Occupational Therapy in Pediatrics*, *28*, 369–387.

Barros, D. D., Garcez Ghirardi, M. I., Lopes, R. E., & Galheigo, S. M. (2011). Brazilian experiences in social occupational therapy. In F. Kronenberg, N. Pollard, & D. Sakellariou (Eds.), *Occupational therapies without borders* (Vol. 2, pp. 209–216). London: Churchill Livingstone Elsevier.

Bazyk, S., & Arbesman, M. (2013). *Occupational therapy practice guidelines for mental health promotion, prevention, and intervention for children and youth*. Bethesda, MD: AOTA Press.

Benassi, J., & Fraile, M. (2011). Daytime activities device (DAD) for children and teenagers in a psychosocially vulnerable situation. In F. Kronenberg, N. Pollard, & D. Sakellariou (Eds.), *Occupational therapies without borders* (Vol. 2, pp. 232–233). London: Churchill Livingstone Elsevier.

Brower, J. (2013). *Correctional officer wellness and safety literature review*. Washington, DC: U.S. Department of Justice Office of Justice Programs Diagnostic Center. Retrieved from https://nicic.gov/correctional-officer-wellness-and-safety-literature-review.

Bruder, M. B. (2010). Early childhood intervention: A promise to children and families for their future. *Exceptional Children*, *76*, 339–355.

Case-Smith, J. (2015). An overview of occupational therapy for children. In Case-Smith, J., & O'Brien, J. C. (Eds.), *Occupational therapy for children and adolescents* (7th ed., pp. 1–26). St. Louis, MO: Elsevier.

Cohn, E., & Lew, C. (2010). Occupational therapy's perspective on the use of environments and contexts to support health and participation in occupations. *American Journal of Occupational Therapy*, *64*, S57–S69. doi: 10.5014/ajot.2010.64S57.

Cutchin, M. P., Dickie, V. A., & Humphry, R. (2017). Foregrounding the transactional perspective's community orientation. *Journal of Occupational Science*, *24*, 434–445. doi: 10.1080/14427591.2017.1365750.

Dickie, V. A. (2010). Are occupations 'processes too complicated to explain'? What we can learn by trying. *Journal of Occupational Science*, *17*, 195–203. doi: 10.1080/14427591.2010.9686696.

Dickie, V. A., Cutchin, M., & Humphry, R. (2006). Occupation as transactional experience: A critique of individualism in occupational science. *Journal of Occupational Science*, *13*, 83–93. doi: 10.1080/14427591.2006.9686573.

Doll, J. (2014). Establishing routines for the healthy development of children. *OT Practice*, *19*, 15–17.

Dunn, W. (2011). *Best practice occupational therapy for children and families in community settings* (2nd ed.). Thorofare, NJ: Slack.

Durocher, E., Gibson, B. E., & Rappolt, S. (2014). Occupational justice: A conceptual review. *Journal of Occupational Science*, *21*, 418–430. doi: 10.1080/14427591.2013.775692.

Duschatzky, S., & Corea, C. (2007). *Chicos en banda. Los Caminos de la Subjectividad en el Declive de las Instituciones*. Buenos Aires, Argentina: Paidos.

Elbaum, B., & Vaughn, S. (2001). School-based interventions to enhance the self-concept of students with learning disabilities: A meta-analysis. *Elementary School Journal*, *101*, 303–329. doi: 10.1086/499670.

Farias, L., & Laliberte Rudman, D. (2016). A critical interpretive synthesis of the uptake of critical perspectives in occupational science. *Journal of Occupational Science*, *23*, 33–50. doi: 10.1080/14427591.2014.989893.

Farmer, M. E., Lamb, A. J., Muir, S., & Siebert, C. (2014). The role of occupational therapy in primary care. *American Journal of Occupational Therapy*, *68*, S25.

Farnworth, L. (2000). Time use and leisure occupations of young offenders. *American Journal of Occupational Therapy*, *54*, 315–325.

Farnworth, L., & Muñoz, J. P. (2009). An occupational and rehabilitation perspective for institutional practice. *Psychiatric Rehabilitation Journal*, *32*, 192–198. doi: 10.2975/32.3.2009.192.198.

Fingerhut, P. E., Piro, J., Sutton, A., Campbell, R., Lewis, C., Lawji, D., & Martinez, N. (2013). Family-centered principles implemented in home-based, clinic-based, and school-based pediatric settings. *American Journal of Occupational Therapy*, *67*, 228–235. doi: 10.5014/ajot.2013.006957.

Fisher, A. G. (2014). Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*, *21*, 96–107. doi: 10.3109/11038128.2014.952912.

Frolek Clark, G., & Chandler, B. E. (Eds.). (2013). *Best practices for occupational therapy in schools*. Pittsburgh, PA: AOTA Press.

Frolek Clark, G., & Kingsley, K. (2013). *Occupational therapy practice guidelines for early childhood: Birth through 5 years*. Bethesda, MD: AOTA Press.

Gray, J. M. (1997). Application of the phenomenological method to the concept of occupation. *Journal of Occupational Science*, *4*, 5–17. doi: 10.1080/14427591.1997.9686416.

Hammell, K. W., & Beagan, B. (2016). Occupational injustice: A critique. *Canadian Journal of Occupational Therapy*, *84*, 58–68. doi: 10.1177/0008417416638858.

Harding, J., Harding, K., Jamieson, P., Mullally, M., Politi, C., Wong-Sing, E., … Petrenchik, T. M. (2009). Children with disabilities' perceptions of activity participation and environments: A pilot study. *Canadian Journal of Occupational Therapy*, *76*, 133–144. doi: 10.1177/000841740907600302.

Haworth, C., & Cyrs, G. (2017). Supporting transitions to the workforce for at-risk youth: Developing and using an occupation-based work skills assessment. Retrieved from www.ottp-sf.org/programs

Henderson, P., Batten, R., & Richmond, J. (2015). Perceptions of the role of occupational therapy in community child and adolescent mental health services. *Occupational Therapy in Mental Health*, *31*, 155–167. doi: 10.1080/0164212X.2015.1035475.

Hitch, D., Pépin, G., & Stagnitti, K. (2014). In the footsteps of Wilcock, part one: The evolution of doing, being, becoming, and belonging. *Occupational Therapy in Health Care*, *28*, 231–246. doi: 10.3109/07380577.2014.898114.

Hocking, C. (2009). The challenge of occupation: Describing the things people do. *Journal of Occupational Science*, *16*, 140–150. doi: 10.1080/14427591.2009.9686655.

Hocking, C. (2017). Occupational justice as social justice: The moral claim for inclusion. *Journal of Occupational Science*, *24*, 29–42. doi: 10.1080/14427591.2017.1294016.

Jaegers, L. A., Ahmad, S. O., Scheetz, G., Bixler, E., Nadimpalli, S., Barnidge, E., Katz, I. M., Vaughn, M. G., & Matthieu, M. (under review-a). Total Worker Health® needs assessment to identify workplace mental health interventions in rural and urban jails.

Jaegers, L. A., Skinner, E., Conners, B., Hayes, C., West-Bruce, S., Vaughn, M. G., & Barney, K. F. (under review-b). Implementation evaluation of the jail-based Occupational Therapy Transition and Integration Services (OTTIS) program.

Kielhofner, G. (2004). *Terapia Ocupacional. Modelo de la Ocupacion Humana: Teoria y Aplicacion*. Buenos Aires, Argentina: Panamericana.

Kiepek, N. C., Beagan, B., Laliberte Rudman, D., & Phelan, S. (2018). Silences around occupations framed as unhealthy, illegal, and deviant. *Journal of Occupational Science*. doi: 10.1080/14427591.2018.1499123.

Kronenberg, F. (2005). Occupational therapy with street children. In F. Kronenberg, S. Simó Algado, & N. Pollard (Eds.), *Occupational therapy without borders: Learning from the spirit of survivors* (pp. 261–276). London: Elsevier.

Laliberte Rudman, D., & Aldrich, R. M. (2017). Discerning the social in individual stories of occupation through critical narrative inquiry. *Journal of Occupational Science*, *24*, 470–481. doi: 10.1080/14427591.2017.1369144.

Landmark, L. J., Ju, S., & Zhang, D. (2010). Substantiated best practices in transition: Fifteen plus years later. *Career Development for Exceptional Individuals*, *33*, 165–176. doi: 10.1177/0885728810376410.

Lavalley, R. (2017). Developing the transactional perspective of occupation for communities: "How well are we doing together?". *Journal of Occupational Science*, *24*, 458–469. doi: 10.1080/14427591.2017.1367321.

Listwan, S. J., Sullivan, C. J., Agnew, R., Cullen, F. T., & Colvin, M. (2013). The pains of imprisonment revisited: The impact of strain on inmate recidivism. *Justice Quarterly*, *30*, 144–168. doi: 10.1080/07418825.2011.597772.

Muñoz, J., Moreton, E. M., & Sitterly, A. M. (2016). The scope of practice of occupational therapy in U.S. criminal justice settings. *Occupational Therapy International*, *23*, 241–254. doi: 10.1002/oti.1427.

O'Connell, M., & Farnworth, L. (2007). Occupational therapy in forensic psychiatry: A review of the literature and a call for a united and international response. *British Journal of Occupational Therapy*, *70*, 184–191. doi: 10.1177/030802260707000502.

Penner, D. A. (1978). Correctional institutions: An overview. *The American Journal of Occupational Therapy: Official Publication of the American Occupational Therapy Association*, *32*, 517–524.

Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F. (2017). Higher hospital spending on occupational therapy is associated with lower readmission rates. *Medical Care Research and Review*, *74*, 668–686.

Rybski, D. A., & Wilder, E. (2008). A pilot study to identify developmental delay in children in underserved urban community child care settings. *Journal of Allied Health*, *37*, e34–49.

Schwartz, S. J., Côté, J. E., & Arnett, J. J. (2005). Identity and agency in emerging adulthood: Two developmental routes in the individualization process. *Youth & Society*, *37*, 201–229. doi: 10.1177/0044118X05275965.

Seiter, R. P. (2011). *Corrections: An introduction* (3rd ed., pp. 249–277). Boston, MA: Prentice Hall.

Shea, C. K., & Jackson, N. (2015). Client perception of a client-centered and occupation-based intervention for at-risk youth. *Scandinavian Journal of Occupational Therapy*, *22*, 173–180. doi: 10.3109/11038128.2014.958873.

Shea, C. K., & Siu, A. M. H. (2016). Engagement in play activities as a means for youth in detention to acquire life skills. *Occupational Therapy International*, *23*, 276–286. doi: 10.1002/oti.1432.

Snyder, C., Clark, F., Masunaka-Noriega, M., & Young, B. (1998). Los Angeles street kids: New occupations for life program. *Journal of Occupational Science*, *5*, 133–139.

Thomas, Y., Gray, M., & McGinty, S. (2011). A systematic review of occupational therapy interventions with homeless people. *Occupational Therapy in Health Care*, *25*, 38–53. doi: 10.3109/07380577.2010.528554.

Townsend, E. A., & Polatajko, H. J. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation*. Ottawa, ON: CAOT Publications.

Trombly, C. A. (1995). Occupation: Purposefulness and meaningfulness as therapeutic mechanisms. *American Journal of Occupational Therapy*, *49*, 960–972. doi: 10.5014/ajot.49.10.960.

Twinley, R. (2013). The dark side of occupation: A concept for consideration. *Australian Occupational Therapy Journal*, *60*, 301–303. doi: 10.1111/1440-1630.12026.

Twinley, R., & Addidle, G. (2012). Considering violence: The dark side of occupation. *British Journal of Occupational Therapy*, *75*, 202–204. doi: 10.4276/030802212X13336366278257.

White, N. (2013). The third world near you: The challenge of urban America. In C. Camp-Yeakey, V. L. Sanders Thompson, & A. Wells (Eds.), *Urban ills: Post-recession complexities of urban living in global contexts* (pp. 407–432). Lanham, MD: Lexington Books.

Whiteford, G. (2000). Occupational deprivation: Global challenge in the new millennium. *British Journal of Occupational Therapy*, *63*, 200–204. doi: 10.1177/030802260006300503.

Whiteford, G. (2010). Occupational deprivation: Understanding limited participation. In C. Christiansen, & E. Townsend (Eds.), *Occupation: The art and science of living* (pp. 303–328). Upper Saddle River, NJ: Prentice Hall.

Wilcock, A. A. (1998). Reflections on doing, being, and becoming. *Canadian Journal of Occupational Therapy*, *65*, 248–256. doi: 10.1177/000841749806500501.

Wilcock, A. A., & Hocking, C. (2015). *An occupational perspective of health* (3rd ed.). Thorofare, NJ: Slack.

Wolff, N., & Shi, J. (2012). Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. *International Journal of Environmental Research and Public Health*, *9*, 1908–1926.

World Health Organization. (2014). *Constitution of the World Health Organization* (45th ed.). Retrieved from http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1

Yell, M. L., Shriner, J. G., & Katsiyannis, A. (2006). Individuals with disabilities education improvement act of 2004 and IDEA regulations of 2006: Implications for educators, administrators, and teacher trainers. *Focus on Exceptional Children*, *39*, 1–24.

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