THE IMPACT OF AN OCCUPATION-BASED PROGRAM FOR INCARCERATED WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

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DISCLAIMER

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ABSTRACT

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Incarcerated individuals with IDD and their preparation to re-enter the community successfully represent a significant concern within the criminal justice system. Occupational therapy, with its knowledge of occupational performance within forensic and IDD intervention contexts, has a considerable, unrealized role in addressing this concern. Across relevant disciplines, the literature dealing with the experiences and intervention needs of this population is limited. No known, previous OT studies exist that are focused specifically on incarcerated women with IDD. This dissertation research conducted a systematic evaluation of the impact of an occupation-based intervention for incarcerated women with IDD using a mixed methods design. The mixed methods design included a randomized control trial that is rarely found in the related literature.

The manualized OT program utilized in this study, grounded in occupational adaptation and participatory occupational justice theory, was designed to provide meaningful, prosocial occupational role opportunities to offenders with IDD. The study's mixed methods design incorporated three research strategies to discover the impact of the OT program on offenders' occupational performance and participation. The stepped

wedge randomized control design strategy revealed that program participants had significantly fewer adverse behavioral incidents than a delayed intervention control group. Results of the within-participants repeated measures strategy demonstrated statistically significant improvement in Goal Attainment Scale, Volitional Questionnaire, and Social Profile ratings and generally high relative mastery ratings. The final strategy, qualitative phenomenology, triangulated findings supporting the positive, holistic influence of the program on offender occupational performance patterns and the occupational environment. The outcomes of this study have strong potential utility for enhancing the rehabilitation of incarcerated individuals with IDD and advocating for the consistent inclusion of occupational therapy within criminal justice service provider teams.

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CHAPTER I

STATEMENT OF THE PROBLEM AND SPECIFIC AIM

Introduction

The focus of this dissertation study was to describe the results of a systematic evaluation of an occupation-based program for incarcerated women with intellectual and developmental disabilities (IDD). Intellectual disability includes deficits in intellectual functions such as reasoning, problem solving, planning, abstract thinking, judgement, and academic learning, in addition to adaptive functioning deficits in areas such as communication, social participation, and independent living (American Psychiatric Association, 2013). Intellectual disabilities are specified as mild, moderate, severe, or profound based on the severity of impact to adaptive functioning. Developmental disability is a broader term that encompasses intellectual disability and other disorders that occur during the developmental period of birth to age 18 and affect the trajectory of the individual's physical, intellectual, and/or emotional development.

Occupational therapy (OT) is a service commonly employed with individuals with IDD to maximize occupational performance capacities and aid the development of compensatory strategies in areas of persistent impairment. Forensic OT is the application of mental health specialty practice in correctional/criminal justice (CJ) settings and other legal contexts (O'Connell & Farnworth, 2007). The CJ system includes a variety of settings from state and federal prisons to state and county jails, forensic psychiatric

hospitals and community-based programs, parole, and probation. The incarcerated individual is most commonly referred to as an offender or inmate. The primary CJ population in which OT has been involved is with those with severe and persistent mental illness, referred to as forensic or offender patients, often in the specialized setting of a forensic prison or hospital. Outside of the United States (US), OT involvement in community-based and less secure forensic settings is more prevalent (Munoz, Moreton, & Sitterly, 2016). While forensic OT practice has been more commonly focused on individuals with mental illness, the specific application of OT to individuals with IDD involved with the CJ system is slowly, although insufficiently, becoming more evident.

Statement of the Problem

Individuals with IDD constitute a growing percentage of incarcerated persons within the CJ system, representing 4-10% of the prison population (Davis, 2006). The U.S. Department of Justice (2015a) reported cognitive disability as the most commonly reported disability with a rate of 2 in 10 prisoners, 3 in 10 jail inmates, and females reporting at higher rates than males. These percentages indicate an overrepresentation of individuals with IDD in the CJ setting compared to a general population prevalence rate of 1% (Einfeld & Emerson, 2008). Planning and preparation for the transition from secure settings to the community has been identified as a significant issue for incarcerated individuals with IDD (Smith, Polloway, Patton, & Beyer, 2008). This issue is perhaps most evidenced by significant rates of recidivism and other negative outcomes experienced upon release from prison. Re-arrest rates for the overall prison population at

one-year of release is estimated at 43% and elevates to 77% at five years (U.S. Department of Justice, 2015b), resulting in a significant financial and public safety consequence. Individuals with IDD are frequently released with few resources, and the few potential resources are difficult to access due to adaptive behavior deficits. Individuals with IDD who are released from incarceration require an informed and supportive intervention to successfully overcome the challenges of community reintegration.

Compounding the challenges of community reintegration, inmates with IDD are at a higher risk for occupational deprivation during incarceration with few opportunities to address skills that would better prepare them for community re-entry (Falardeau, Morin, & Bellemare, 2015). Occupational deprivation is a concept associated with an occupational justice perspective and suggests that participation in meaningful and purposeful occupations is intrinsically linked to a person's health and wellbeing (Whiteford & Townsend, 2011). The inherent limitations of the CJ environment to provide health-promoting occupations for offenders with IDD can result in the deterioration of existing skills. The deterioration of skills can significantly impact the offender's ability to meet the performance demands of current and future environments. Research is needed to evaluate the impact of health promoting occupations on functional outcomes for offenders with IDD.

Many incarcerated offenders with IDD also have co-occurring mental illnesses such as major depressive disorder, personality disorders, substance abuse, dementia, or

psychotic disorders, as well as other health-related diagnoses such as diabetes and arthritis. The correctional setting is reported as the primary mental health provider at rates of up to half of U.S. offenders with at least one mental health condition (James & Glaze, 2006). A study within the Texas prison system, the largest system in the US and the state where this dissertation research occurred, found that offenders with major psychiatric disorders are at increased risk of recidivism (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009). This scenario portrays the complexity of evaluating and rehabilitating the incarcerated IDD population and supports the need for a variety of skilled service providers to address their unique and challenging needs; however, access to such providers is often limited.

Incarcerated women are another specialized and marginalized population within the CJ setting in addition to the IDD and mental health population. Women are considered the fastest growing correctional population (U.S. Department of Justice, 2015c); however, since women account for approximately 7% of prisoners, many programs and services were initially designed for men and do not always address the unique needs of women (Latessa, Listwan, & Koetzle, 2014). Outcome studies of programs for incarcerated women, although limited, assist in discerning requisite aspects of intervention for this population.

OT's role in addressing the needs of individuals involved with the CJ system has been proclaimed as an emerging specialization within the profession (Fitzgerald, 2011; Hitch, Hii, & Davey, 2016); however, compared to the United Kingdom and Australia,

the US has been slow to develop programming and delineate our role (Eggers, Munoz, Sciulli, & Crist, 2006). The limited amount of research and available literature is primarily from outside the US and is focused on individuals with mental illness versus those with IDD. The forensic OT literature is also limited by inadequate use of rigorous research methods with most articles being descriptive or observational in nature (O'Connell & Farnworth, 2007). The lack of studies originating in the US with incarcerated individuals with IDD that use occupation-based approaches and rigorous research designs confounds OT's ability to define their role and the potential effectiveness of their interventions with this population.

Statement of the Purpose

The purpose of this dissertation study was to evaluate systematically the impact of an occupation-based program on the occupational performance and participation of incarcerated women with IDD. Consistent with occupational adaptation theory, occupational performance and participation is an outcome of the adaptive response and includes the quality and generalization of performance skill; level of engagement or self-initiated action; perceived efficiency, effectiveness, and satisfaction; and influence on the occupational environment (Schultz, 2013). The progress of program participants within these selected areas was ultimately anticipated to contribute to more successful community reintegration, as well as improved function and quality of life within the CJ environment.

Specific Aims

The research for this dissertation included a mixed methods triangulation of three strategies to evaluate systematically the impact of the occupation-based intervention. The first strategy aimed to compare program participants and a waiting list control group in terms of adverse behavioral incidents in order to demonstrate improved occupational performance through generalization of performance skills. The second strategy examined repeated measures of program participants' occupational performance and participation (e.g., quality and generalization of skills; level of engagement or self-initiated action; and perceived efficiency, effectiveness, and satisfaction). The third strategy assessed prison staffs' perceptions of the program's impact on the routines, activities, and habits of offender participants and the occupational environment. This strategy was used to understand the program's impact on offenders' occupational performance and participation through information indicating the quality and generalization of skills and influence on the occupational environment. The overarching research question was whether participation in occupation-based programming results in the improved occupational performance and participation of incarcerated women with IDD. The specific research questions for the three proposed strategies were as follows:

- How do program participants and a wait-list control group differ in terms of adverse behavioral incidents?
- What changes in occupational performance and participation do program participants demonstrate over time?

- How does prison staff perceive the impact of the occupation-based program on the routines, activities, and habits of offender participants and the occupational environment?

Researcher's Perspective

The primary researcher for the study was a licensed occupational therapist with nineteen years of practice experience in clinical and academic settings. Most of this time had been spent evaluating and treating individuals in contact with the CJ system including offenders with mental illness within state prisons, adolescent offenders within a juvenile detention center, and adults with IDD or severe and persistent mental illness within institutional and community settings. The researcher had also gained a level of proficiency in developing and evaluating occupation-based programs within these CJ settings. The intervention utilized within the proposed study was designed by the primary researcher and, therefore, indicates bias toward the assumption that an occupation-based program could be effective for addressing the therapeutic needs of the target population. To counter any biases that may have influenced the results, the intervention was implemented by other occupational therapy practitioners, much of the program data was also generated by these practitioners, and the researcher took steps to objectively analyze results as well as involve others in the analysis of data.

The remainder of this dissertation presents the background related to the target population and potential significance of the study (Chapter II), the method utilized to

meet the aim of the study (Chapter III), the results (Chapter IV), and the research discussion and conclusion (Chapter V).

CHAPTER II

BACKGROUND AND SIGNIFICANCE

Chapter II presents: (a) a discussion of OT's role with the population of adults with IDD; (b) a review of literature addressing general forensic OT services followed by those specific to addressing the needs of individuals with IDD within the CJ system; (c) an overview of issues specific to incarcerated women; and (d) an introduction to the theories underlying the occupation-based intervention within the study. Chapter II concludes by describing the background of program development related to this study and the potential significance of its findings.

OT with the Adult IDD Population

OT is often part of standard care and supporting the quality of life of adults with IDD living in the community or institutions. The role of the occupational therapist can range from consultant, case manager, or direct service provider. The settings where interventions take place include community service agencies and day programs, school transitional programs, vocational programs, home health services, hospitals, residential programs, and state supported living centers. OT services for the IDD population involve caregiver training, assistive technology, community mobility training, emergency planning, addressing environmental barriers, health maintenance training, mental and behavioral health interventions, self-care training, sensory processing interventions, and work role interventions (Haertl, 2014). Cognitive techniques utilized by OT to facilitate

involvement in activity include scaffolding, various types of prompting (e.g., direct or indirect; verbal, visual, or physical shaping), chaining, and errorless learning. Therapeutic approaches can originate from a restorative approach, often referred to as habilitative when referencing this population, to a compensatory perspective depending on assumptions related to how probable the individual with IDD can learn a new skill (Toglia, Golisz, & Goverover, 2009).

Understanding how adults with IDD experience occupational engagement has often mistakenly been left up to presupposition versus rigorous study. The challenges that many individuals with IDD have in the areas of communication often create false assumptions regarding their occupational participation. Mahoney, Roberts, Bryze, and Parker Kent (2016) used visually-supported interviews and the Volitional Questionnaire to explore ways in which individuals with reduced verbal and cognitive capacities demonstrate occupational engagement. Researchers discovered three themes of occupational engagement: doing activity or initiating action, expressing positive affect, and showing focused attention. The importance of ongoing support, opportunities for co-occupation, choice, and adapted occupation for adults with IDD was emphasized as a need, that when not met, places them at risk for occupational alienation. Occupational alienation refers to experience that is devoid of meaning and purpose leading to a sense of isolation, powerlessness, and frustration (Durocher, Gibson, & Rappolt, 2014). Also, specific to the occupational experience of adults with IDD is the value of the work role. The benefits of the work role for adults with IDD exceed involvement in the labor

market, providing identity, meaning, and structure (Kahlin & Haglund, 2009). Two important concepts further framing the occupational experiences of individuals with IDD and the role of OT are co-occupation and transition planning.

Co-Occupation

A common thread throughout the literature addressing the occupational participation needs of individuals with IDD is a requirement for some level of ongoing support. As such, the relevance of co-occupation becomes elevated in reference to this population. Co-occupation has been defined as simply as occupations that are shared or done with others (AOTA, 2014) or as eloquently as "a dance between the occupations of one individual and another that sequentially shapes the occupations of both persons" (Pierce, 2009, p. 203). Co-occupation is proposed to include shared physicality, emotionality, and intentionality (Pickens & Pizur-Barnekow, 2009). The experience of co-occupation is thought to be a key ingredient in promoting positive outcomes in individuals who require assistance to engage in occupation, such as those with IDD (Mahoney & Roberts, 2009). Interventions that intentionally utilize and facilitate healthy co-occupation are needed for the adult IDD population, especially during times of transition.

Transition Planning

Individuals with IDD often require additional time, resources, and assistance to adequately prepare and manage the challenges related to life transitions, particularly the transition out of school into occupations such as postsecondary education, employment,

volunteer or community participation, leisure and recreational activity, independent living, and health maintenance. Transition planning is the mandated, coordinated process employed by educational environments to prepare the student for life after graduation and community living (Stewart, 2013). Literature suggests that occupational therapy has essential and unique professional skills to collaborate with teams to address the various factors that encompass the transition process. Through direct, monitoring, or consultative services, OT can facilitate successful transitions by establishing client-centered goals, developing and providing opportunities to explore work and leisure options, providing resources and interagency linkages, facilitating functional living skill development, modifying environments to enhance learning and performance, educating social supports, and promoting self-determination through opportunities for decision making and advocacy (Juan & Swinth, 2010).

The literature on transition planning provides guidance on important factors that facilitate successful transitions into the workforce and community living. It is recommended that individuals with IDD have the opportunity to become familiar with a variety of community locations, build autonomy through decision making and exploring options for meaningful activities, develop valued roles in places of community life, and create access to a social network (Michaels & Orentlicher, 2004). Bridging connections to the community through service-learning and civic engagement is important for providing the individual with IDD the opportunity to experience a contribution to the community while concurrently building valuable life skills and social networks (Cook,

2017). In addition, transitional planning studies support the need for early interventions; integrated environments where high performance expectations are maintained; and interventions that are centered around the personal strengths, needs, and preferences of the individual (Juan & Swinth, 2010). The information known about successful transition planning may be helpful for informing program development related to other relevant transitions for individuals with IDD such as that of transitioning from a secure CJ environment to the community.

OT in Forensic Settings

The distinctiveness of the forensic or correctional setting among primary IDD and mental health populations likely provides the most synergy for intervention applications versus a comparison of forensic and non-forensic IDD settings. With the scarcity of OT literature specific to individuals with IDD in forensic settings, valuable information can be gleaned from the more pronounced OT literature in forensic mental health settings. The synergy of this study's target population with the forensic mental health literature is also validated by the high percentage of the forensic IDD population that also experience co-occurring mental illness.

The Unique Practice Context

The forensic environment, particularly the prison setting, affords an unequivocally unique context for OT practice and occupational participation. Clinical practice in this setting involves a dual objective of rehabilitating the offender and protecting the community (Farnworth & Munoz, 2009). These objectives can come into

conflict as the occupational therapist seeks to facilitate therapeutic opportunities for choice, autonomy, and participation within an environment that restricts such opportunities for the purpose of safety and security. The prison environment is inherently restrictive in order to maintain the safety of offenders, employees, and the community. This results in a highly controlled and rigid environment and an institutional culture that often prioritizes security-focused policy and procedures over treatment. This stance is considered necessary as the correctional environment fulfills its civic purpose and responds to the associated risk characteristic of its population (e.g., aggressive and antisocial tendencies).

The OT practitioner working in this context must attend and adhere to specific security and safety policies and the various legal and procedural complexities that are a part of their client population's experience. These include the following examples that all impact the daily operations and implementation of OT services:

- procedures related to the accessibility, use, and management of treatment tools, supplies, and personal items;
- freedom of movement for staff and offenders around the facility's buildings and grounds;
- specific times of availability within fixed and regimented facility routines (e.g., the prison counts the offenders at fixed times throughout the day and movement during this time is restricted);
- designated lines and processes of communication; and

- the eligibility of and accessibility to programs, work positions, and other activities.

From an ecological perspective, prison is a context that limits one's experience of both space (i.e., freedom of movement) and place (i.e., identity) (Stoller, 2003; Tuan, 1977). In terms of temporality, the context fosters excessive experiences of interstitial time (i.e., waiting; time between events), temporal rupture (i.e., distorted sense of time with a life changing event), and protracted duration (i.e., time drags) (Larson, 2004).

Also unique to the OT practice context in CJ settings are the distinct and highly complex characteristics of the client versus those served in more traditional OT practice settings. Complexity is found in the forensic population's range of racial and cultural differences; physical, mental, and cognitive co-morbidities; and challenging, often traumatic, life experiences resulting in limited positive social supports, reduced socioeconomic resources, stigmatization, issues of mental health and substance use, and maladaptive behaviors (Scott, 2010). The maladaptive behaviors exhibited by the forensic population can often be extreme and antisocial in nature including: physical and verbal aggression, self-harm, vandalism, sexual misconduct, manipulating and bullying others, unsanitary behaviors (e.g., spitting; smearing feces), stealing (e.g., trafficking and trading), lying, rule violations, and refusing to comply with expectations. The occupational therapist working in this setting must develop competencies in modifying interventions across a wide range of individual differences and needs, responding to and preventing maladaptive behaviors, and developing therapeutic rapport with a population

that typically identifies clinical staff as untrustworthy and/or unable to relate to their situation.

Practice Evidence in Forensic OT

Four reviews have covered the OT evidence base in forensic practice over the past several decades: prior to 2003 (Duncan, Munro, & Nicol, 2003), prior to 2007 (O'Connell & Farnworth, 2007), prior to 2013 (Hitch, Hii, & Davey, 2016), and a U.S. specific review in 2016 (Munoz et al., 2016). These reviews all support the need for developing and using specific outcome measures; improving the quantity and rigor of studies; creating structured, theory-based programs; and building a united, international response network. The creation of prosocial, productive environments and use of everyday activities aimed at community reintegration is identified as the distinct role of OT over other disciplines in this setting (O'Connell & Farnworth, 2007). The provision of choices, meaningful occupations, humanistic value, and prosocial responsibilities and social milieu are the approaches believed to enhance the participation of offenders (Hitch et al., 2016).

Although the quantity of papers in forensic mental health have increased in recent years, it continues to be acknowledged that there are not enough OT practitioners working in this practice area to meet the significant occupational need, and that those who are, do not identify the use of a practice model, structured evaluation tools, or systemized collection of outcomes (Munoz et al., 2016). The more common practice models identified by practitioners working in forensic settings include the model of

human occupation (MOHO), person-environment-occupation model, Canadian model of occupational performance, occupational adaptation (OA), cognitive behavioral therapy, recovery model, and transtheoretical model (Munoz et al., 2016). Assessment tools mentioned in the reviews include several MOHO instruments such as a forensic version of the Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS) and the Model of Human Occupation Screening Tool (MOHOST); Canadian Occupational Performance Measure; Sensory Profile; Comprehensive Occupational Therapy Evaluation; Allen Cognitive Level Screen (ACLS); and Kohlman Evaluation of Living Skills (KELS) (O'Connell & Farnworth, 2007; Munoz et al., 2016). The most common OT interventions listed in the reviews include group-based formats addressing vocational, social, problem solving, coping, leisure, and health management skills (O'Connell & Farnworth, 2007; Munoz et al., 2016).

In addition to the previously discussed reviews, several individual studies highlight forensic OT programs that have been implemented. Eggers, Munoz, Sciulii, and Crist (2006) described an OT program within a jail setting that demonstrated initial success at reducing recidivism and improving employment rates. The program's focus on work and educational roles continues as a theme in other studies. Stelter and Whisner (2007) described the progressive provision of meaningful work roles within a psychiatric prison. Fitzgerald (2011), using the MOHOST, demonstrated a significant difference post-intervention for participants in a program of graded leisure, education, and work engagement focused on social inclusion. Another study, conducted in a minimally secure

setting, involved offenders in participatory action research evaluating the benefit of an OT-lead educational group (Crabtree, Ohm, Wall, & Ray, 2016). Finally, Vollm, Panesar, and Carley (2014) reported the importance of incorporating small-scale social enterprise closely resembling "real" work opportunities, such as food service and horticulture, within a high security setting. These program descriptions and recommended approaches are consistent with the current literature in OT that is specific to the population of offenders with IDD.

OT and the Forensic IDD Population

Currently, only four articles specific to OT with a forensic IDD population are known to exist in the literature. All four articles originate in the United Kingdom, are qualitative or descriptive in their methodology, and illustrate the primary use of work-based interventions. Smith, Petty, Oughton, and Alexander (2010) described a graded, work-based learning program that demonstrated a progression of social, work, literacy, and numeracy skills. A second program study, described by Withers, Boulton, Morrison, and Jones (2012), consisted of a comprehensive, daytime routine of productive and meaningful group activities and projects within a medium secure facility. Cox, Simmons, Painter, Philipson, Hill, and Chester (2014) moved from a project-based model to one designed to more closely simulate the authentic work context. Participants in this program, titled Real Work Opportunities, completed a comprehensive, employment-related process including: advertised, genuine facility work roles; application and interview workshops; mock and actual interviews; individualized feedback; and job

training. A final OT program specific to this population used horticulture-related tasks to influence subjective health and wellbeing (Christie, Thomson, Miller, & Cole, 2016).

Key therapeutic ingredients extracted from a review of these programs include the progressive use of contexts as natural to community-based work environments as possible, progressive demands regarding work-related skills, clearly communicated systems and protocols that are consistently applied, opportunities for a variety of activities, and empowerment to make choices and solve problems with person-centered support. The consistent theme, epitomizing co-occupation, is the offender working alongside the staff and each other to achieve a common goal and receive feedback within a natural setting that has clear boundaries. As recommended by Cox et al. (2014), programs within secure settings should be viewed as the first stage of a continuum of care and a graded pathway leading to community-based programs that will likewise need to assess individual needs and provide person-centered supports.

The Experience and Role of Work in Secure Criminal Justice Settings

The value of work-based interventions is a consistent theme throughout the forensic literature. Work is one the most important social roles of adulthood, providing income to meet basic living needs; however, it also affords a sense of identity and contribution to society (Hocking, 2012). Opportunities to work are restricted within the secure CJ settings to jobs within the facility associated with its daily operations, such as food preparation, grounds duty, laundry, janitorial, utility, and maintenance posts. Work positions in these settings are further limited by the selection of offenders who are

afforded the opportunity to participate in them, with the most valued positions going to those with higher pre-existing technical and social skills and limited behavioral incidents. Offenders with IDD, due to their challenges with adaptive behavior, are often further constrained in the viable work opportunities available by the lack of support provided to perform work tasks to their fullest capacity. Despite the scarcity of work, offenders have been found to value and desire such opportunities (Vollm et al., 2014). Work's value for the offender is thought to extend beyond its utilitarian function to one of recovery (i.e., optimism, empowerment, and stigma-reduction) by providing a normalizing routine, outlet for coping, and source of building competence and confidence (McQueen & Turner, 2012). In the absence of work opportunities, the occupations of many offenders are characterized as sedentary and non-enriching activity (Falardeau, Morin, & Bellemare, 2015). Without early, goal-directed intervention focused on occupational and social participation, the preparation of offenders with IDD for transition to successful community life has been questioned (Lindstedt, Gann, & Soderland, 2011). This call for early, pragmatic, goal-directed intervention for offenders with IDD is also supported within non-OT literature.

Non-OT Literature Relevant to the Forensic IDD Population

Additional knowledge informing best practice for interventions and research with the forensic IDD population is found in the psychology, social work, sociology, forensic nursing, and vocational and forensic rehabilitation literature. A comprehensive overview of offender rehabilitation is provided within texts by Craig, Dixon, and Gannon (2013)

and Latessa, Listwan, and Koetzle (2014) from the perspective of the "what works" approach. Through a meta-analysis model, cognitive behavioral (CB) interventions are indicated as effective in reducing recidivism within 40-60% of studies (Latessa et al., 2014). The two most prominent theoretical underpinnings attributed to the success of CB interventions with correctional populations include the risk-need-responsivity (RNR) and the good lives models. The RNR model attends to three therapeutic principals: focus on higher risk offenders (risk principle); target criminogenic needs (needs principle); and responsiveness to variations in motives, abilities, and contexts (responsivity principle) (Craig et al., 2013; Latessa et al., 2014). Criminogenic needs include factors such as antisocial attitudes; low levels of prosocial involvement in social, work, leisure, and recreational activities; and low levels of personal, educational, and vocational achievement. The good lives model takes a positivistic approach and assumes criminal activity is driven by a lack of opportunities or ability to realize valued outcomes in fulfilling and acceptable ways (Craig et al., 2013). Proponents of the good lives model assert an added benefit over the RNR model because of its emphasis on motivating and engaging participants in prosocial and satisfying opportunities that fulfill personal needs.

Recidivism is a substantial issue for those with IDD. In addition to needs related to employment and social support shared by offenders without IDD, offenders with IDD can have greater needs for support to address issues of homelessness, literacy, and basic life skills (Young, Dooren, Claudio, Cumming, & Lennox, 2016). The community supports for individuals releasing from CJ settings is limited, and the few that are

available may not understand or be prepared to meet the individualized needs of those with IDD. Community supports available to meet the needs of individuals with IDD are not always available to those with criminal histories (Chaplin et al., 2017). With such unique needs, the literature supports interventions that are comprehensive and specific to this population.

A proposed best practice model for forensic IDD services includes continuity of care across settings; consistent and accountable interventions; advocacy and support; skills-oriented interventions targeting offense-related needs; and a pragmatic, holistic, person-centered, CB approach (Glaser & Florio, 2004). The use of adapted approaches and a supportive social milieu is indicated for enhancing the benefit of interventions for the individual with IDD. Modifications indicated most effective for the population include a slower pace, accessibility of language and materials, opportunities for repetition and overlearning, and the use of creative and practical learning activities (Taylor & Morrissey, 2012). Also indicated is the use of stress reduction interventions. Offenders with IDD have difficulty managing the challenges of the secure environment, identify interpersonal stressors as the most challenging, and report the use of solitary and harmful strategies in order to cope (Burns & Lampraki, 2016).

The literature advocates for services that begin early in the institution to prepare for release, assist with the transition to the community, and involve supportive community resources that taper down over time (Latessa, et al., 2014). The benefit of services within the prison setting is that it affords time to work on issues within a

controlled environment; however, the environment does not lend itself to practice developing skills in the natural context of the offender's personal context within the community. The call for pragmatic and comprehensive interventions for the incarcerated IDD population within the non-OT literature is consistent with the forensic OT perspective calling for occupation-based interventions that mitigate the effects of incarceration and support reintegration (Farnworth & Munoz, 2009).

Issues Specific to Incarcerated Women

The unique experience of women in forensic settings is a related topic that has received little focus. Women often have less access to already scarce resources and limited opportunities for occupation or interventions specific to their needs. Trauma and abuse histories, dysfunctional relationships, self-harm behaviors, diagnoses of personality disorder and substance abuse, and other mental health concerns are disproportionate, critical needs for incarcerated women with IDD (Berber & Boer, 2004; Lindsay et al., 2004). The use of CB-oriented group interventions, implemented in a gender responsive manner, is recommended in the literature for women with IDD (Hellenbach, Brown, Karatzias, & Robinson, 2015). Baker and McKay (2001) indicated that OT is in a prime position to accommodate for women's needs through developing and implementing gender-sensitive care in forensic settings. Information from the literature, coupled with a theory-driven perspective, is helpful in building knowledge for meeting the unique needs of incarcerated women with IDD.

Theory-Driven Perspective

Two occupation-based theories served as the guiding perspectives in the development of the intervention at the center of this study: participatory occupational justice and OA. The primary investigator considered these two perspectives to work together for holistically addressing the complex needs of the target population. Participatory occupational justice served as an overarching viewpoint that recognizes the risks of occupational deprivation and the importance of participation in health enhancing occupations. OA informed more specific aspects of the program design and therapeutic approach. With the emphasis on a CB approach in the non-OT literature for incarcerated individuals with IDD, this section will also describe its connection within the intervention design.

Participatory Occupational Justice

Occupational justice (OJ) emphasizes the inherent occupational nature of each person and the premise that if deprived of occupational opportunities, health and wellbeing are significantly and negatively impacted (Durocher, Gibson, & Rappolt, 2014; Whiteford & Townsend, 2011). A participatory OJ approach is a specific framework for applying OJ to OT practice that is centered on empowering individuals for participation and inclusion in meaningful occupations (Whiteford & Townsend, 2011). With a target population that can be considered marginalized and stigmatized from three primary angles – as an inmate, individual with IDD, and an incarcerated woman – it becomes logical to incorporate an OJ perspective.

The experiences of incarcerated individuals have been conceptualized from an OJ standpoint. Offenders have been described as so estranged from meaningful occupational roles and opportunities, such as maintaining skills related to self-structuring of time and meeting the demands of community participation, that the likelihood of successful re-entry is diminished (Eggers, et al., 2006). Occupational deprivation has been considered a tacit dimension of the correctional environment with its regimented and antisocial social context, estrangement from community roles and habits, institutional policy, and stigma (Farnworth & Munoz, 2009). Hocking (2012) described offenders' pervasive lack of access to the highly valuable worker role. Individual consequences due to this form of occupational deprivation included a negative cycle of stress, addiction, and violence. Falardeau et al. (2015) interviewed offenders and described the occupational trajectory of offenders before, during, and after incarceration. The interviews revealed that occupation prior to incarceration predominantly met criminogenic needs; during incarceration was the struggle to find meaningful occupation and utilizing mostly sedentary and non-enriching activities; and post-incarceration views consisted of vague, ambivalent plans for the future or returning to prior crime-associated occupations. Consistent with the OJ framework, non-OT CJ literature supports a social justice approach that involves staff training, offender and policy advocacy efforts, and responsive prison and community-connected program development (Linhorst, Bennett, & McCutchen, 2003).

Individuals with IDD have also been considered from an OJ standpoint because challenges in communication and autonomy of performance inherently place them at risk

for occupational deprivation (Mahoney et al., 2016). Many occupational environments relevant to individuals with IDD, including the CJ system, present a conflicting demand that impedes participation. Environments that emphasize safety and risk management can inadvertently limit health promoting occupational experiences; in contrast, environments that emphasize independence may not adequately provide necessary resources that support participation (Channon, 2014). The marginalization experienced by individuals with IDD is believed to contribute to maladaptive behaviors.

Occupational Adaptation

OA describes a normative process resulting in a change of state, known as the adaptive response, as a person meets his or her own internal demands and external demands of the occupational environment (Schkade & Schultz, 1992; Schkade & McClung, 2001; Schultz & Schkade, 1992; Schultz & Schkade, 1997; and Schultz, 2013). OA assumes the person possesses an intrinsic motivating force, known as the desire for mastery, which interacts with the demand for mastery from the environment and results in a press to act or respond. The adaptive response is evaluated along an adaptive/dysadaptive continuum in terms of: (1) relative mastery - which is the person's perceived level of efficiency, effectiveness, and satisfaction to self and others in relation to occupational performance; (2) generalization of an adaptive response to a novel context; (3) self-initiated action; and (4) the configuration of person systems and response mechanisms to fit the demands of an occupational challenge. Person systems are the unique sensorimotor, cognitive, and psychosocial capabilities of the individual. The

response mechanisms include the energy that drives adaptation, the person's patterns of responding to challenges, and the adaptive response behavior types (e.g., hyperstable, hypermobile, or mature) used by the person (Schultz & McClung, 2001). OA describes dysfunction as occurring in the adaptive process where it may appear as an impoverished range of adaptive responses (Schultz, 2003), a lack of meaningful role opportunities (Johnson, 2006), or occupational challenges that exceed the adaptive capacities of the person (Schultz, 2013). The adaptive response differs from the concept of adaptive behavior, often used in psychology when addressing the IDD population, in that adaptive behavior is specific to everyday living skills and adaptive response refers to any internal or external response to an occupational challenge. The adaptive response is also primarily evaluated from the perspective of the individual.

Intervention, utilizing an OA approach, is focused on affecting the adaptive process, versus discrete skill development, as this is believed to more likely promote generalization to other contexts and be more predictive of future functional performance. The use of meaningful occupational roles and the therapist's therapeutic use of self are emphasized as the in vivo therapeutic climate that facilitates change. The role-shifting experience is one in which the person positively experiences themselves within an occupational role that has been previously denied or experienced in a negative manner (Schultz, 2003). OA has been applied as a relevant and effective OT practice model within the forensic setting. Stelter and Whisner (2007) described the use of meaningful work roles to provide offenders with a therapeutic, prosocial context for contributing to

the community and mastering progressive performance demands. Specific therapeutic strategies such as providing opportunities for personal choice, just-right challenges, novel tasks and contexts, objective feedback within timed therapeutic windows, and providing assistance only to point necessary have been described as effective for awakening intrinsic motivation, closing the gap between adaptive capacity and environmental demands, and maximizing adaptive change (Schultz, 2003; Stelter & Whisner, 2007). The preliminary successes of using an OA approach with the forensic population (e.g., Stelter & Whisner, 2007) informed the development of the program for incarcerated women with IDD in this study.

Cognitive behavioral approach. The forensic and correctional literature promotes a CB approach as best practice. CB interventions in forensic settings are designed to assist offenders with recognizing maladaptive patterns of thinking and equipping them with skills that facilitate prosocial means of approaching social situations (Craig et al., 2013). Occupational therapists working in mental health settings frequently guide their practice utilizing CB concepts (Ikiugu & Nissen, 2016). Combining a CB approach with an occupation-based model, such as OA, can facilitate a powerful therapeutic context for confronting maladaptive patterns and practicing new, more adaptive skills in a natural, real-world occupational environment (Gibson, D'Amico, Jaffe, & Arbesman, 2011). It is the assumption of the primary investigator that an OA approach that applies key CB strategies within a holistic, occupation-based context provides an effective and cohesive therapeutic method.

History of the Program and Target Intervention

This researcher was approached in December 2015 with the opportunity to design an OT program for a specific state prison facility that houses a population of approximately 100 women with IDD. During a 2.5-year span, this researcher engaged in a disciplined process of program development consistent with strategies described by Fazio (2008) and Newcomer, Hatry, and Wholey (2015): design and planning, preparation and implementation, and establishing a method of systematic review and evaluation. See Table 1 for a timeline outlining the history of the program development and implementation including the origination of the program, key approval processes, and the initiation of services. The original impetus for this project was spearheaded by the Radford and Patricia Crocker Foundation who had successfully lobbied for state legislation that would enable them to fund rehabilitation and reintegration services for incarcerated individuals with IDD. Key stakeholders that included select members of the Texas Department of Criminal Justice (TDCJ) administration, the contracted prison healthcare provide administration, and the Crocker Foundation approved the OT program manual. The program memorandum of understanding was also executed among the TDCJ, the prison healthcare provider, and foundation stakeholders. The official initiation of OT program services and data collection was September 2017. Research data collection was terminated March 2018; however, the OT program continues to operate at the facility funded by the Crocker Foundation.

Table 1

Historical Timeline of Program Development and Implementation

Event	Timeframe
Crocker foundation provides program grant funding	December 2015
Conducted needs assessment and designed the program	Spring 2016
Program manual approved by key program stakeholders	Summer 2016
Program memorandum of understanding executed	Fall 2016
Proposal to TWU IRB approved	Fall 2016
OT staff recruitment process began	Fall 2016
Proposal to TDCJ research council approved	Spring/Summer 2017
OT staff hired and trained	Summer/Fall 2017
OT program services initiated	September 22, 2017
IRB extension approved	December 2017
Termination of research data collection with continuation of OT program	March 1, 2018

Note. TWU = Texas Woman's University; IRB = institutional review board; TDCJ = Texas Department of Criminal Justice.

The content and design of the OT program, officially named the Radford and Patricia Crocker Rehabilitation and Reintegration Program (RPCRR), was informed and guided by this developer's knowledge of OT philosophy, therapeutic practice, and occupation-based theories, as well as experience in developing, implementing, and evaluating occupation-based programs in forensic settings. The comprehensive program manual that was developed was subjected to a review and refinement process by an

advisory panel of two PhD occupational therapists and a few key program stakeholders. See Appendix A for the complete program manual that includes the program description, group protocols and curricula, budget, and documentation and evaluation procedures.

The purpose of the RPCRR OT program is to maximize the capacities of offenders in regards to self-responsibility and prosocial participation through the provision of opportunities for purposeful activity and healthy occupations. All interventions were directed at facilitating the successful community reintegration of offenders with IDD. Four primary program protocols or curriculums were included within the program manual: the OT Workshop, Wellness & Self-Care Group, Reintegration Planning & Living Skills Group, and Monthly & Seasonal Events. The OT Workshop protocol served as the target intervention for the purposes of this study and will be described in the upcoming methods section. The approved program provided for an ongoing role for this researcher as a coordinator for program implementation and evaluation. It also provided for the hiring of an occupational therapist (not the PI) and an occupational therapy assistant for the daily implementation of program services.

Early Program Implementation and Evaluation Methods

Several dynamics in relation to overall program implementation directed the need for preliminary processes to occur in advance of the formal data collection for this dissertation study. The need to pursue institutional review board (IRB) approval in Fall 2016 was assessed in consideration of two primary factors: (1) the target population's level of vulnerability and the likelihood of increased levels of contact with offenders and

the prison facility as the preparation for program implementation progressed and (2) the lengthy research approval process – approximately nine months - required by the Texas Department of Criminal Justice (TDCJ) that included a completed IRB approval as part of the initial application. The overall timing related to preparation for the implementation of program services, including the hiring and training of the two OT staff, procurement of supplies and equipment, TDCJ research approval, and key stakeholder expectations to utilize program outcomes to advocate for future program funding during approaching legislative deadlines, culminated in a program start date of September 22, 2017.

The early program implementation processes conducted up to the time of the formal dissertation study included the training of OT staff on the implementation of the target intervention and documentation of program outcome data, pre-program implementation prison staff interviews regarding baseline routines and activities of the offenders, consent of the first program participants, and a review of the initial intervention and program evaluation procedures. The preliminary review of the early program implementation data indicated that intervention and program evaluation procedures were being implemented by the OT staff in a fidelitous manner, the data collection procedures appeared effective in gathering relevant program outcomes, and the initial intervention was being categorically well received by offender participants and prison staff. This early outcome afforded confidence in the research methods moving into the formal dissertation study. Following a description of the significance of the study, the upcoming chapter will describe the methods for meeting the aims of this research.

Significance of the Study

Incarcerated women with IDD represent a highly marginalized and neglected population. The individual and societal costs of recidivism and risks associated with reentering the community ill-prepared and with a paucity of resources, point to the importance of better understanding the needs of incarcerated women with IDD and the intervention strategies that are or are not effective. A scarcity of research specific to this population is characteristic across all applicable disciplines (e.g., psychology, psychiatry, vocational rehabilitation, forensic nursing, and social work) with no studies specific to incarcerated women with IDD found in the OT literature.

This dissertation research is consistent with the "Occupational Therapy Research Agenda" (AOTA & AOTF, 2011) which prioritizes effectiveness studies on interventions that are client-centered, occupation-based, theory-driven, manualized, and target priority populations such as those with developmental disabilities, cognitive impairments, mental disorders, and other chronic conditions. This study is anticipated to significantly add to the limited existing knowledge regarding the occupational experiences and needs of incarcerated women with IDD and the impact of occupation-based interventions on their performance, participation, quality of life, and preparation for community re-integration. It is also expected that the knowledge gained could inform similar applications for incarcerated men with IDD, individuals with IDD at risk for incarceration, and formerly incarcerated individuals with IDD who are now in the community. Finally, the study is

projected to contribute to the evidence supporting the unique and invaluable role of occupational therapy as a service provider for the CJ population.

CHAPTER III

METHODS

This research was designed to study the outcomes of a specific occupation-based program being implemented at a Texas state prison that houses approximately 100 incarcerated women that meet the criteria for IDD. Congruent with the overall purpose and specific aims of the study presented in Chapter I, the overarching research question is whether participation in occupation-based programming results in the improved occupational performance and participation of incarcerated women with IDD. The specific research questions for the study's three investigation strategies are as follows:

- How do program participants and a wait-list control group differ in terms of adverse behavioral incidents?
- What changes in occupational performance and participation do program participants demonstrate?
- How does prison staff perceive the impact of the occupation-based program on the routines, activities, and habits of offender participants and the occupational environment?

This chapter provides a description of the intervention, the research design and associated measures, participants and their consent, data collection processes, and data analysis plan.

Description of the Intervention

As introduced in Chapter II, the OT Workshop protocol served as the target occupation-based intervention in this study. See pages 167 - 171 in Appendix A to review this protocol. This protocol for the rollout of the OT program was selected in order to limit and operationally define the independent variable and facilitate the efficiency of processes associated with the initial implementation of services. The OT Workshop was specifically selected due to its emphasis on a theory-driven, occupation-based approach designed to facilitate the meaningful and prosocial occupational roles assumed to be the most likely to develop the offender's adaptive responses and preparation for community reintegration. The OT Workshop was created to provide a therapeutic, supported work environment that prepares offenders for prosocial roles in the community. It aims to awaken capabilities and motivation through opportunities to actively participate and produce goods that contribute to the social fabric of the institutional and local community. The essential and key therapeutic components, consistent with an OA approach and suggestions for best practice within the literature, included opportunities for the offender to:

- select, plan, execute, and evaluate task performance;
- engage in graded, just-right occupational challenges;
- receive direct or indirect verbal or physical assistance with tasks only to the point necessary;
- participate in novel tasks or contexts;
- be involved in a positive social environment through co-occupation; and

- experience self in a prosocial role that is personally satisfying and contributes to the physical or social environment.

The OT Workshop was designed to capitalize on the offenders' personal interests and motivations (i.e., desire for mastery) by including them in a specific group known as a therapeutic work crew that was identified by its activity of focus and most fit the offender's interests. The study focused on four work crews: (1) the horticulture crew, (2) the craft crew, (3) the technology crew, and (4) the cooking crew. The primary activities designed to be performed in the horticulture crew were planning and maintaining garden beds. The primary activities designed to be performed in the craft crew were the planning and creation of handicrafts such as sewing, jewelry making, and repurposed items to add to the aesthetics of the immediate environment and donate to facilities or agencies in the external community. The primary activities designed for the technology crew involved basic computer operations for application to tasks such as producing a newsletter. Finally, the primary activities designed for the cooking crew were basic meal preparation and related home management tasks. These crews were selected due to their appeal to most offenders, the feasibility of their implementation, and their ability to provide a wide range of opportunities for building relevant adaptive skills. The offender was designated in the protocol to begin her assigned crew as a trainee. With progress in areas of independent functioning, performance behavior, social skills, and technical skills, she would have opportunities to advance to an apprentice followed by master craftsman level.

The OT staff was trained to administer the key therapeutic ingredients and session procedures consistently across each of the individual work crews. The workshop was designed with an ideal group size for an individual work crew to include 6 – 12 participants. The frequency and duration of each crew was designed to be two sessions per week for 12 weeks (i.e., three months) with each session lasting 1.5 - 2 hours. For the purposes of establishing healthy and productive routines, individual session procedures across crews were defined to consistently include the following the steps.

1. Practice hygiene and grooming (e.g., wash hands, brush teeth, groom hair).
2. Review progress made during the previous session and establish the task priorities for the current session.
3. Access and organize needed supplies and space.
4. Begin and maintain the activity while the OT staff monitors and intervenes where necessary.
5. Participate in hydration and music break as needed.
6. Report progress and re-prioritize as needed.
7. Continue the activity.
8. Receive 15 minute warning that the session is ending.
9. Inventory supplies and clean the group space.
10. Review progress by identifying one's relative mastery rating, celebrate successes, and plan for the next session.

In summary, the OT Workshop with its horticulture, craft, technology, and cooking work crews was the occupation-based intervention designed to serve as the context for individual offender participant progress and change.

Offender Participants

All of the offender participants (OPs) in this study were women, aged 18 years or older, and diagnosed with a condition affecting intellectual and/or cognitive functioning. The study was contained to one facility, as it is the only prison in the state of Texas that houses a specific program for this population of women offenders. The maximal census of this facility was approximately 100 offenders. Reasons for exclusion included: (1) an inability or unwillingness to consent to participation and (2) a lack of eligibility to attend OT services due to scheduling conflicts or a security or medical status that restricted them from leaving their cell/dorm. This type of restriction is typically related to a high level of aggression, elopement risk, acute illness, or self-harm behavior. All eligible offenders consented to the study, resulting in the inclusion of 85 offenders.

The OT staff hired to implement the OT program were involved in the recruitment and consent process. As a regular function of their employed position in implementing a new service, they screened all offenders for service eligibility. Those offenders screened as eligible to attend OT programming in terms of a lack of security or medical restriction or any other potential schedule conflicts were approached by the staff individually or in small groups using a recruitment script (see Appendix B). This contact occurred in the day room of the offenders' living space or in a space used for service provision (e.g., classroom;

therapy room). The script provided the potential participant with information regarding voluntary participation in the program including the types of activities involved and the purpose of the program evaluation. The potential participant had the opportunity to ask questions and to verify their understanding.

The OT staff reviewed the consent form with those who verbalized an accurate understanding of the program and agreed to participate (see Appendix C). The purpose of the study, the potential risks, and the anticipated length of time for participation were reiterated and time was allowed for additional questions and answers. The potential OP was assured that participation was voluntary and that she could change her mind at any time and withdraw from the study without repercussions of any kind. In consideration of the various intellectual capacities of the potential participants, the consent form was written in straightforward, uncomplicated language. The consent form was read to the potential OP one section at a time and the understanding of the participant was verified by asking the participant to restate the content in her own words. Offenders who were unable to demonstrate understanding of the consent were excluded from the study. There were instructions for whom the participant could contact at the facility in order to ask questions related to participation in the study. Only after the consent form was signed, and the participant indicated understanding of her involvement in the study, was data collection initiated.

Research Design and Measures

Mixed methods research designs, combining both quantitative and qualitative approaches, are advantageous for evaluating the impact of therapeutic programs within the context implemented (Patton, 2015). Mixed methods serve to strengthen the reliability of data, validity of the findings and recommendations, and both broaden and deepen our understanding of the processes through which program outcomes and impacts are achieved. This study utilized a mixed methods research design known as a concurrent transformative design as both data types were gathered simultaneously through a theoretical perspective to promote change in the entity being studied (Creswell, 2014; Taylor, 2017). The research included a triangulation of three strategies to systematically collect and analyze information about the outcomes of the occupation-based intervention. See Table 2 for an overview of how the overall and specific research questions, three research design strategies, participants, and measures were operationally defined and connected. Texas Woman's University provided IRB approval and the Texas Department of Criminal Justice (TDCJ) afforded a research agreement (see Appendix D).

Table 2

Overview of Research Design Strategy Elements

Research Element	Strategy one: Stepped wedge RCT	Strategy two: Within-participants repeated measures	Strategy three: Qualitative pre-post interviews
Overarching Research Question	Does participation in occupation-based programming result in the improved occupational performance and participation of incarcerated women with IDD?		
Specific Research Question	How do program participants and a wait-list control group differ in terms of adverse behavioral incidents?	What changes in occupational performance and participation do program participants demonstrate?	How does prison staff perceive the impact of the occupation-based program on the routines, activities, and habits of offender participants and the occupational environment?
Operational Definition	Occupational performance and participation (adaptive response)		
	Generalization of skill/response	Quality & generalization of response/skill Level of engagement or self-initiated action Perceived efficiency, effectiveness, & satisfaction (relative mastery)	Quality & generalization of response/skill Influence on the occupational environment
Participants	Offenders	Offenders	Prison staff
Measures	Adverse behavioral incidents (cases)	Volitional Questionnaire Goal Attainment Scaling Relative mastery rating Social Profile	Pre-post interviews

Strategy One: Stepped Wedge Randomized Control Trial

The first strategy was a stepped wedge randomized control design, consistent with the process described by Brown and Lilford (2006) that compared participants who completed the intervention with a delayed intervention control in terms of adverse behavioral incidents documented within facility records. These written behavioral incidences are known as "cases" within the CJ system. This design allowed for the sequential rollout of the intervention to clusters of OPs over a number of time periods until all OPs receive the intervention. A stepped wedge design is consistent with the start-up of a new service where it is desirous to provide access to the intervention for all participants and where there are logistical and practical constraints to starting all participants simultaneously. When displayed visually, the staggered start of clusters of OPs was designed to resemble the look of stairs or steps (see Figure 1). OPs who consented were randomly assigned to an immediate intervention group or to a delayed intervention group using a systematic sampling method. The systematic method of random sampling involved selecting the intervention group by a predetermined interval (e.g., every fifth individual) from a list of eligible participants generated by the recruitment process. A delayed intervention group was used versus a no-intervention control group due the ethically-driven intent to provide all eligible participants with the intervention. The delay in crossing over to the intervention group was also minimized by using a stepped wedge trial design.

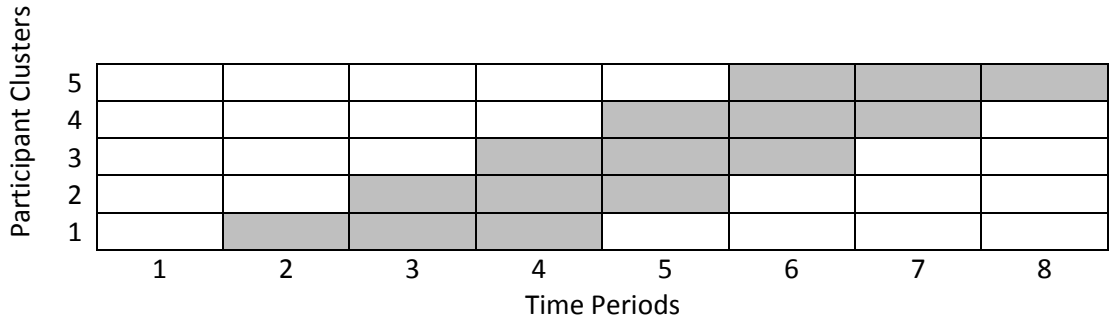


Figure 1. Stepped wedge RCT design for the rollout of the RPCRR program. Shaded cells represent 12-week intervention periods. Blank cells represent the delayed intervention group or the follow-up group post intervention. Each cell represents a data point with each representing approximately 2-4 weeks. Additional participant clusters and time periods could be added depending on the number of eligible participants and other logistical considerations.

The first cluster to begin the intervention included three initial OT Workshop crews with each including eight OPs. A second cluster of six crews crossed over to the intervention phase that included 10 OPs each three months later. The progression in the number of crews initiated at one time and the number of participants in each group is expected with the start-up of a program that is developing in the efficiency of procedures. These two clusters of crossover points from the delayed to the immediate intervention group were the only two included within the timeframe of this study and will be discussed further in the results chapter.

Between group measures. The measure for comparison between the immediate and the delayed intervention groups was the number of incidences of documented adverse behaviors known as cases. A case is a written sanction of progressive discipline given to an offender for actions that violate prison rules. The case data, which included the date and type of cases given to OPs, was obtained from prison institutional records at the end of the

study period. Behavioral cases were selected as the measure for between group comparison for several reasons: (1) they were anticipated to provide evidence as to the impact of the intervention on behaviors outside of the group context (i.e., generalization), (2) they were part of the existing data collected by institution, (3) they were expected to minimize the testing burden applied to the OPs, and (4) the overall burden of data collection was abated in consideration of the multiple collection points that would be necessary with the use of other types of measures.

Participant demographics were collected from prison institutional records. This information, along with the behavioral records, was documented using a record review spreadsheet. Information included in the record review included age, race, diagnosis, duration of incarceration, duration of time at the facility, IQ and other available cognitive tests, type of crime, number of prison and state jail stays, number of years sentenced, projected parole release date, academic status, and participation in existing programs or services at the facility (e.g., work, school). Access to this data was gained through completion of the procedures outlined by TDCJ policies. TDCJ Administrative Directive (AD-02.28) regarding research states that the PI applying to conduct research can request access to specifically identified aspects of the records of offenders who have provided written consent to participate in the study. The request was made by the PI and approved by TDCJ. The record review represented a blind review as the PI and the OT staff implementing the intervention did not access this information until the end of the study period.

Strategy Two: Repeated Measures Within-Subject Design

The second research strategy compared repeated measures of the OPs' occupational performance and participation using the Volitional Questionnaire (de las Heras, Geist, Kielhofner, & Li, 2007), Goal Attainment Scaling (Kiresuk, Smith, & Cardillo, 1994), Social Profile (Donohue, 2013), and a relative mastery rating scale. A process of OT evaluation, assignment to a specific intervention group type (i.e., therapeutic work crew), group participation, and re-evaluation/group termination convened upon crossover of a participant cluster to the intervention group (see Figure 2).

Occupational therapy evaluation. The intervention group (IG) participants began the therapeutic intervention with involvement in the OT evaluation administered by the occupational therapist (not the PI). An evaluation process that assesses the functional needs, strengths, interests, and goals of the client is best-practice for the delivery of occupational therapy (AOTA, 2014). The evaluation process occurred in two phases: the initial and final phase.

The initial phase. The initial phase of evaluation involved the OP in a single session lasting approximately one hour. The focus of this session was to gain information relevant for assigning the OP to the specific type of OT Workshop crew that was the best fit for her interests and functional capacities. The OP participated in a card-sorting task that contained pictures of the types of activities available in the various crews. She was prompted to select the pictures that she was most interested in pursuing and the pictures that she found the most or least challenging. The OP also completed the Kettle Test, which

uses a structured task of preparing two beverages using provided supplies (Maeir, Armon, & Katz, 2005). This instrument, selected to obtain a cognitive score based on functional performance, provides a rating of 0-52 with higher numbers indicating more severe problems with cognitive performance. The OP also personalized a journal that was later used by the offender to document performance satisfaction over time. Finally, the Volitional Questionnaire (VQ) was administered using a four-point rating on 14 items related to the participant's observed level of engagement or participation in the session activities (de las Heras et al., 2007). With the information gained in the initial phase of the evaluation, the occupational therapist assigned the OP to 1 of 4 OT Workshop crew types based on fit of interests and abilities.

The final phase. The final phase of the evaluation occurred in the first two weeks of the OP's participation in her specifically assigned work crew. This was designed to allow the occupational therapist to gather further observations of the participant's strengths, limitations, and interests over several sessions so that a maximally relevant, individualized performance goal could be established using the Goal Attainment Scaling (GAS) method (Kiresuk, Smith, & Cardillo, 1994). This method documented the participant's baseline performance at a rating of -1 and the expected performance improvement standard at 0. A +1 represented a little better than expected, +2 much better than expected, and -2 a decline from baseline performance. The occupational therapist selected one goal for each OP from a bank of possible goals developed by this researcher using an OA framework, thus

establishing the expected performance improvement for that participant. See pages 210-212 of Appendix A to review the OA goal bank.

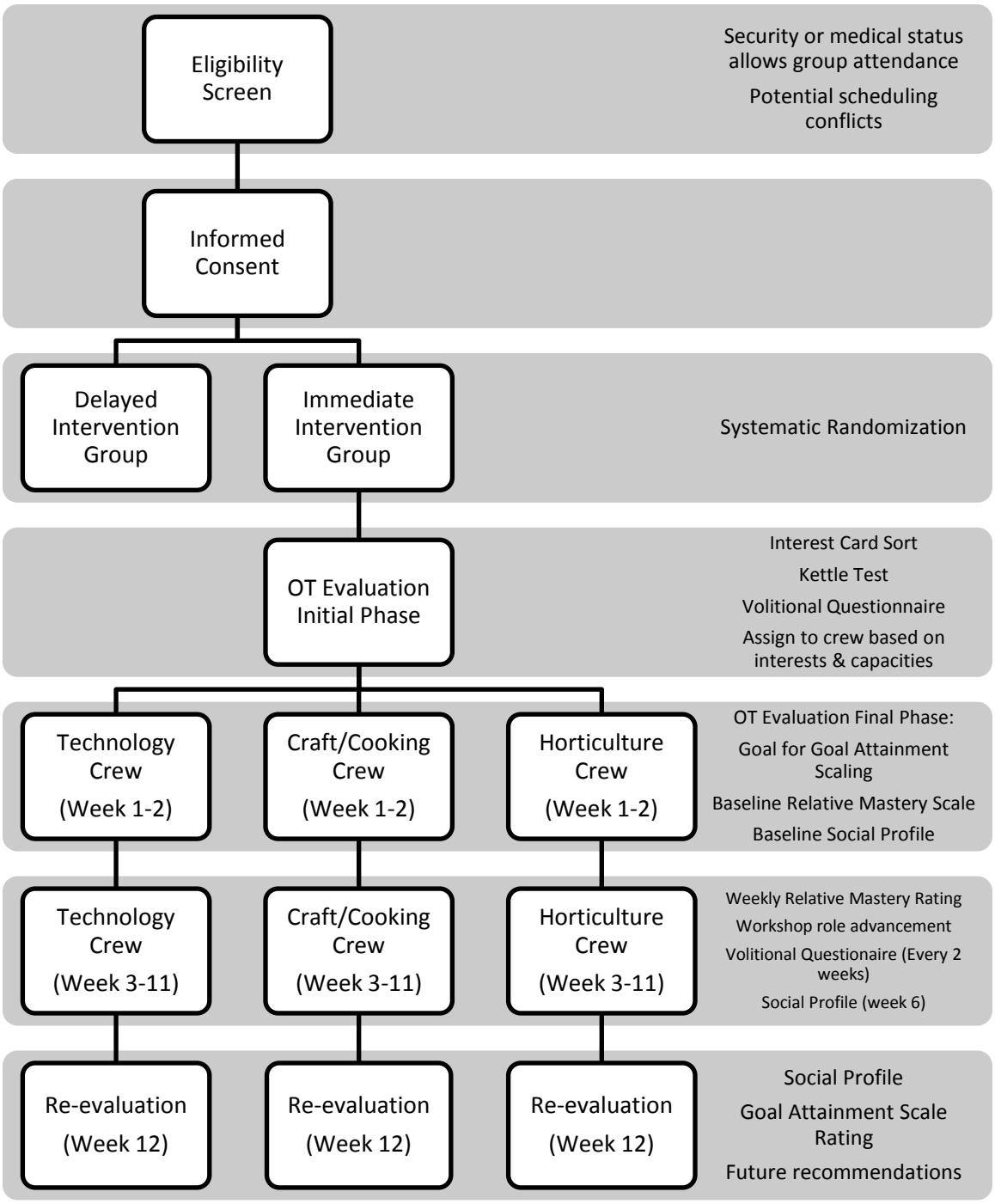


Figure 2. Intervention group within-subjects research design.

During the final evaluation phase, the OP also provided a three-point baseline relative mastery rating (see pp. 208-209 of Appendix A) representing her perception of efficiency, effectiveness, and satisfaction related to her own performance (Schultz & Schkade, 1992; Schultz, 2013). These concepts were provided using visual representations of low, moderate, and high in order to enhance understanding. Finally, the occupational therapist utilized the Social Profile (Donohue, 2013) to rate the baseline level of cooperation and health of social dynamics occurring between members of the crew. This instrument produced an average summary score with a range of one to five based on the therapist's observations of group interactions.

Within-group measures. Offender participants continued to participate in their assigned workshop crew as previously explained in the description of the intervention. As introduced in the description of the evaluation phases, repeated measures of the VQ, GAS, Social Profile (SP), and relative mastery ratings were used to capture the impact of the intervention on the OPs' occupational performance and participation over time.

The VQ was completed every two weeks based on observations of the OP's level of participation or engagement in session activities. This tool was originally designed for individuals with reduced verbal and cognitive abilities within a wide range of contexts. Although the VQ is a tool connected with the concept of volition within the model of human occupation, the developers of the VQ state that professionals concerned with a person's motivation may use the tool as a measure of occupational participation (de las Heras et al., 2007). Motivation is conceptualized in OA as the desire or press for mastery

that drives the person toward doing and is observed as self-initiated action during the adaptive response (Schultz, 2013). The user's manual for the VQ states that it "focuses on how the person is motivated toward doing …. whether a person tries, makes attempts, seeks out challenges, and initiates" (de las Heras et al., 2007, p. 11). The VQ has been found to have acceptable construct validity, content validity, and inter-rater reliability (Li & Kielhofner, 2004). A precedent for using the VQ with forensic IDD offenders is found in the program description by Withers et al. (2012); although, they did not discuss findings utilizing the tool. It was believed that the VQ would serve as an effective measure of occupational participation for this study.

The occupational therapist evaluated each OP's progress toward her individual performance goal using the GAS rating at the completion of the 12-week intervention period. Substantial literature has demonstrated the usefulness of GAS as a person-centered outcome measure (Hurn, Kneebone, & Cropley, 2006). This method of measurement is advantageous for individualizing treatment goals and quantifying subtle but important changes over short periods of time (Mailloux et al., 2007). The use of a goal bank framed by OA theory was used to support fidelity to theory-driven practice, mitigate the additional time to develop the scaled goals reported to be a disadvantage of the GAS method, and enhance the validity and reliability of its application consistent with recommendations by Kiresuk et al. (1994). Doig, Fleming, Kiupers, and Cornwell (2010) demonstrated the utility of framing GAS goals using a theory-driven perspective in a study. It was

anticipated that GAS would be effective for individualizing treatment and capturing changes in OP's occupational performance and participation.

In addition to the baseline measure, the SP, was administered at the sixth and 12th week in order to quantify the level of cooperation and health of social dynamics occurring between group participants. It was assumed that the interpersonal dynamics that occurred during group-based interventions would have a significant impact on the individual progress of participants. One of the therapeutic objectives of the OT Workshop was to provide a prosocial, collaborative environment that promoted individual change. The SP has demonstrated reliability and validity for assessing group-level functioning during activities for adult mental health groups from the perspective that being able to cooperate around a task promotes verbal exchanges that are less formal and prepare the individual for re-entering community, work, and family groups (Donohue, 2007; Donohue, 2013). The SP was projected to be useful for characterizing the impact of interpersonal group dynamics on OP performance and participation outcomes.

The final within-group measure, a relative mastery rating, was collected weekly throughout the intervention phase. Relative mastery is a key construct within OA that serves as an indicator of a healthy adaptive response. It is evaluated from the perspective of the person, unlike skill mastery, which is typically assessed by an external source (Schultz, 2013). This was considered important taking into account an intervention objective focused on internal changes that generalize to other contexts within a population that is known to struggle with issues of self-concept and accurate self-evaluation. Relative mastery is

traditionally evaluated using a numerical rating scale. George, Schkade, and Ishee (2004) published the Relative Mastery Measurement Scale (RMMS) as a reliable and valid instrument for evaluating this construct. Considering the context of the study, particularly the cognitive limitations of the target population as well as other utility factors, the RMMS was not selected. To simplify the concept for individuals with IDD, a relative mastery rating was developed utilizing pictures and simplified verbiage (see pp. 208-209 in Appendix A). At the end of the last group session every week, each OP selected the pictures relevant to her relative mastery self-rating and pasted them on a page in her individual journal along with a date and any other personally desired information. With the OPs' knowledge, the OT staff accessed the journals each week and translated the relative mastery rating for each participant into the data collection spreadsheet. In addition to serving as a measurement of relative mastery, the journaling procedure was also expected to function therapeutically by building habits of healthy self-reflection.

Re-evaluation/group termination. The OT staff completed a re-evaluation during the final, twelfth week of each intervention crew. The re-evaluation involved a final rating of the group's social dynamics using the SP and each participant's progress toward her individual goal associated with the GAS. The OT staff collaborated with the OPs regarding their motive or need to participate in future OT services. Although originally anticipated that OPs would not have the opportunity to participate in a second OT Workshop crew during the time frame of this study, the proliferation of new crews occurred at a faster rate than expected and allowed some OPs to start and complete a second 12-week crew.

Strategy Three: Qualitative Phenomenology

The third strategy was a phenomenological qualitative design (Patton, 2015) involving a pre- and post-intervention implementation interview of key staff members at the facility regarding the routines, activities, and habits of offenders. A central component of the program evaluation strategy was being able to describe the impact that the program had on daily routines and productivity. The perspective of the staff member was specifically sought in order to enhance understanding of the program's influence in areas in which offenders possessed more limited insight. This information was considered essential to evaluating the need for program modifications that would improve the quality of services to participants.

Staff participants. The number of eligible staff members consenting to participate in the study was seven of eight. These staff members were men or women who worked at this specific facility and possessed knowledge of the typical routines and activities occurring. Examples included the facility's case managers, mental health and medical professionals, security supervisors, and OT staff. The only exclusion criterion for potential staff member participants was declination of consent to participate in the study or staff that did not have consistent experience with the population.

The PI contacted the potential staff participants through a face-to-face request during a site visit. The conversation included the role and extent of involvement and a statement that participation was voluntary and could be discontinued at any time. When a potential staff participant indicated an interest in being involved in the study, the PI

scheduled the interview with the potential participant. At the time of the interview, the PI explained the purpose of the study and the interview process, including the estimated amount of time that would be spent in the interview, the steps to maintain confidentiality, and how the information collected would be handled. When the staff participant indicated that he/she had no more questions and that he/she understood the purpose of the study, the written consent form was explained and offered to the participant (see Appendix E). The purpose of the study, potential risks, and the anticipated length of time for participation were reiterated and time was allowed for additional questions. The staff participants were assured that participation was voluntary and could be withdrawn at any time without repercussions of any kind. Only after the consent form was signed and the staff participant indicated understanding of his/her involvement in the study did data collection begin.

Qualitative methods. Semi-structured interviews of key staff members were used to gather information regarding typical routines and activities. In order to allow for comparisons, the interviews were administered by the PI prior to the beginning of the first intervention group (Time 1) and again at the end of the study period (Time 2). Each consenting staff member participated in an interview lasting no more than one hour at Time 1 and again at Time 2. An interview guide was used that involved the use of open-ended questions to gather descriptions of the typical routines and activities of offenders at the facility (see Appendix F). The interview responses were handwritten due to the prohibition of audio recordings by TDCJ.

Several strategies consistent with qualitative trustworthiness techniques described by Krefting (1991) were utilized. The interview field notes were re-written and de-identified within 48 hours following the interview in order to aid clarity and accuracy for future analysis. The PI triangulated this data with facility time records, other qualitative data available within the program's written documents, and time use observations and field notes executed by the PI during her visits to the facility. Qualitative analysis involved a peer examiner knowledgeable in OT intervention with forensic populations and qualitative methods. The peer examiner was debriefed on the research process, limitations, and development of themes and insights. The peer examiner checked thematic categories identified in the data by looking for disconfirming data and provided her reaction and comments. Qualitative themes and content were adjusted as a result of these discussions. Member checking was utilized to validate findings further by sending a summary of the preliminary results to the staff participants for feedback.

Data Collection

The PI trained the OT staff at the facility on the implementation and documentation of the intervention. The program manual, accessible to the OT staff, includes a specific, systemized method for gathering and inputting the data (see pp. 193-227 of Appendix A). The occupational therapist documented the data generated from the OT evaluation in the OT group database within the week of each evaluation (see Table 3). The OT staff added data generated from the OPs' response to the intervention to the OT group database on a weekly basis. This database included information such as the OPs'

assigned to each crew; number of sessions attended; reasons for missing sessions; primary tasks performed; relative mastery rating; VQ rating; SP rating; GAS goal; any advancement to apprentice or master craftsman level; and summary of progress in terms of technical skill, performance behavior, interpersonal skills, and independent functioning. The PI conducted onsite monitoring quarterly and weekly email or phone contact with the OT staff to evaluate and ensure fidelity to the intervention and data collection processes.

Table 3

Elements of the Occupational Therapy Group Database

Program phase	Database item
OT evaluation initial phase	Therapeutic work crew Start & end date Kettle score VQ rating
OT evaluation final phase (Weeks 1-2)	Attendance Individual GAS goal Relative mastery rating Social Profile score
OT intervention phase (Weeks 3-11)	Attendance Relative mastery rating (weekly) Primary tasks performed (weekly) Summary of progress (weekly) Work role advancement (as occurs) VQ rating (Weeks 4, 6, 8, 10) Social Profile score (week 6)
OT re-evaluation phase (Week 12)	Attendance Relative mastery rating VQ rating Social Profile score GAS rating Future recommendations

The unanticipated, adverse event. Data collection was originally proposed to continue until September 2018, as this timeframe would represent a year's worth of intervention outcome information. Early March 2018, the PI was notified by the prison OT staff that the security staff had initiated a procedure of strip-searching the offender participants following participation in each intervention session. It was also reported that participants were not being allowed to decline participation, and therefore, were all subject to the resulting strip search. The PI interpreted the new strip search procedure as an unanticipated, adverse event that directly affected offenders participating in the program; therefore, the event was reported to the IRB and TDCJ research office (see Appendix G). Pairing a negative event with participation was in direct opposition to the aims of the program to encourage prosocial participation and offer positive reinforcement in the form of meaningful activity and supportive relationships. The IRB recommended that the study be discontinued since the risk of being subject to strip-searching following each session was not included in the original IRB approval or offender consent document. Following the report of the adverse event, discussions among the IRB, PI, and TDCJ resulted in the request to allow use of the research data up until the point of time that the adverse event occurred. The IRB approved the use of research data up until the point of the adverse event, resulting in a data collection end date of March 1, 2018. This study, therefore, included approximately six months of research data.

In addition to the reduced length of the study, the adverse event impacted the availability of staff participants for the post-implementation interviews. The openness of

communication between the PI, OT staff, and non-OT staff declined during the time of the adverse event. The OT staff remained available for the post-implementation interviews; however, the non-OT staff participants were not available for interview at time two. The length of the study and the availability of complete post-implementation interview data were the two main research procedures impacted by the adverse event. Throughout the remainder of this dissertation, this event will be referred to as the "adverse event."

Analysis

All data was de-identified for analysis. All quantitative analyses were performed using SPSS version 25.0 (IBM Corp, 2017). First, demographic and program data was analyzed using descriptive statistics, and the frequency of "cases" while in the delayed intervention group were compared to those that occurred during intervention using a paired *t*-test. Second, repeated measure analysis of variance (ANOVA) was used to compare within-intervention group measures of occupational performance and participation (i.e., VQ, relative mastery rating, and SP) over the time of the intervention phase. A Wilcoxon signed-rank test was administered to compare the GAS measures from baseline to the end of the intervention phase. Pearson correlation was also used to explore possible associations among measured characteristics and occupational performance outcomes (Portney & Watkins, 2015). Intention-to-treat analysis was adopted for this study.

Finally, pre-post intervention staff interviews were analyzed using a phenomenological qualitative approach. This involved an emergent strategy, extracting

and characterizing themes using open and axial coding related to the essence of meanings expressed by the participants and contained in program documents (Patton, 2015). Qualitative analysis also involved the use of a peer examiner and member checking. The feedback from these trustworthiness strategies was integrated into the thematic analysis. Chapter IV provides the results of this quantitative and qualitative analysis, and Chapter V offers a synthesis of the quantitative and qualitative findings in terms of the impact of the program on the participants' occupational participation and performance.

CHAPTER IV

RESULTS

The results of this study provide information regarding participant characteristics, quantitative outcomes, and qualitative outcomes to answer the overarching research question of whether participation in occupation-based programming supported improved occupational performance and participation of incarcerated women with IDD. The quantitative outcomes included descriptive statistics related to service provision, statistics that compared the delayed and immediate intervention groups (i.e., Research Question One), and statistics that compared the intervention group's progress over time (i.e., Research Question Two). The qualitative results included themes that supported the impact of the program on OPs and the occupational environment (i.e., Research Question Three).

Participant Characteristics

OP characteristics were analyzed using descriptive statistics. The number of eligible OPs that consented to participate in the OT Workshop was 85. Only one eligible participant initially declined to consent; however, she later requested to consent once seeing the program implemented. During the six-month data collection period of this study, 64 participants were randomly assigned to crossover from the delayed intervention group to the immediate intervention group while 21 participants remained in the delayed intervention group. Participant characteristics for the immediate

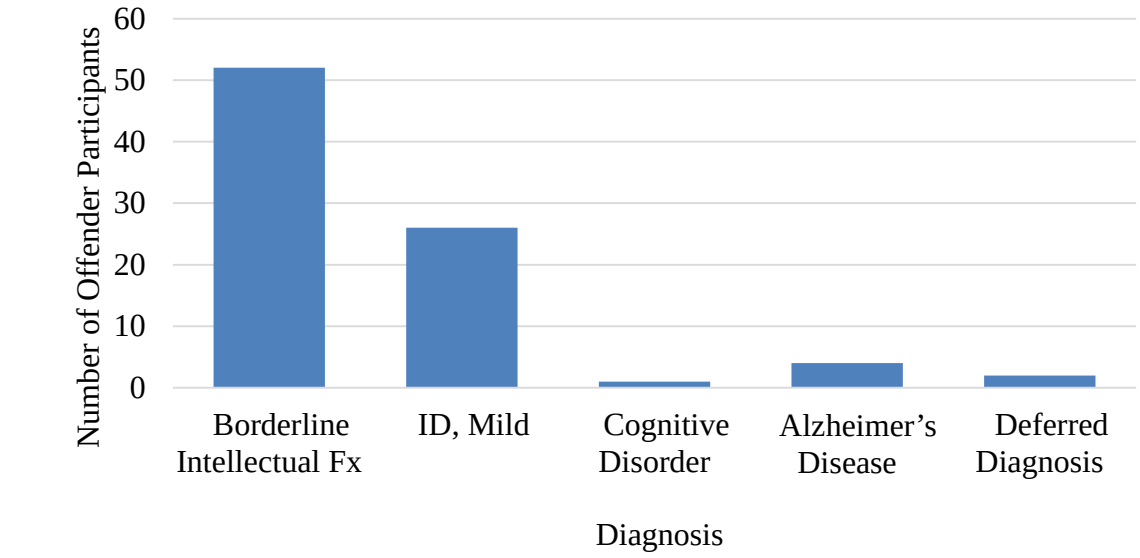
intervention group did not significantly differ from those remaining in the delayed intervention group; therefore, participant characteristics are presented for the combined 85 participants (see Table 4).

The participants were fairly evenly represented across the range of ages (22 – 66 years) with a mean age of 42.4 which was slightly higher than the mean age of incarcerated females in Texas of 37.7 (TDCJ, 2016). Participants' race was predominately black (*n* = 43, 50.6%) followed by white (*n* = 25, 29.4%) which was inverse to the general population of incarcerated females in Texas (black = 27.6%; white = 47.8%).

Table 4

Participant Characteristics

			N = 85
Age		Prison Job Assign. (*n*,%)	
Mean (*SD*)	42.4 (12.6)	Kitchen (helper, cook)	26 (30.6%)
Range (min – max)	44 (22 – 66)	Clothing Exchanger	18 (21.2%)
		Unassigned Due to Health	14 (16.5%)
Race (*n*, %)		Utility Squad	10 (11.8%)
Black	43 (50.6%)	Janitor	9 (10.6%)
White	25 (29.4%)	Medical Squad	5 (5.9%)
Hispanic	15 (17.6%)	Landscape Gardener	2 (2.4%)
Asian	1 (1.2%)	Teacher's Aide	1 (1.2%)
Other	1 (1.2%)		
		Years Incarcerated	
Diagnosis (*n*, %)		Mean (*SD*)	4.9 (5.7)
Borderline Intellectual Fx	52 (61.2%)	Range (min – max)	24 (.1 – 24)
ID, Mild	26 (30.6%)		
Cognitive Disorder	1 (1.2%)	Years at the Facility (*n*,%)	
Alzheimer's Disease	4 (4.7%)	≤ 1	47(55.3%)
Deferred Diagnosis	2 (2.4%)	2 – 5	17 (20.0%)
		6 - 10	13 (15.3%)
IQ Score (*n*, %)		11 - 15	5 (5.9%)
55 – 70	47 (55.3%)	≥ 16	3 (3.5%)
71 – 84	27 (31.8%)		
≥ 85	6 (7.1%)	Total Previous Prison Stays	
Mean (*SD*)	69.3 (8.4)	Mean (*SD*)	1.4 (0.8)
Range (min – max)	44 (55 – 99)	Mode (min – max)	1 (0 – 4)
Kettle Test Score, *N* = 64		Offense Categories (*n*, %)	
Mean (*SD*)	6.4 (3.3)	Violent	53 (62.4%)
Range (min – max)	22 (2 – 24)	Property	12 (14.1%)
		Drug	11 (12.9%)
Education (*n*, %)		Obstruction/other	9 (10.6%)
≤ 8th Grade	23 (27.1%)		
9th Grade	12 (14.1%)	Parole Projected Release	
10th Grade	9 (10.6%)	within 2 Years (*n*, %)	27 (31.8%)
11th Grade	13 (15.3%)		
12th Grade or GED	26 (30.6%)		
Some College	1 (1.2%)		
College Degree	1 (1.2%)		



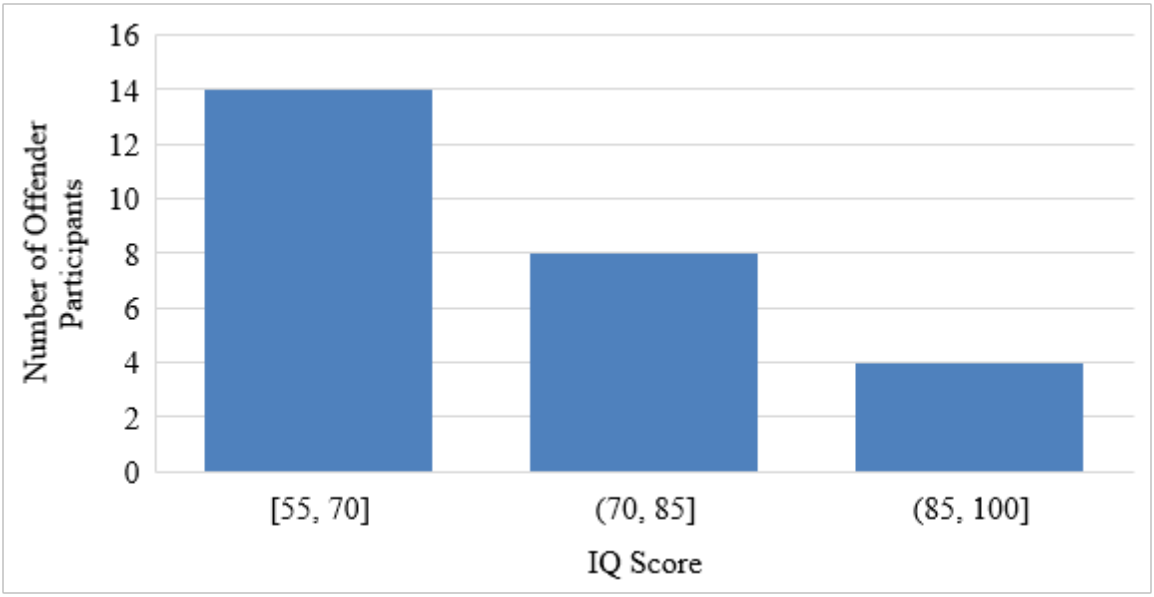


Figure 3. Visual comparison of diagnoses and IQ.

Much of the descriptive analysis contributed to understanding the intellectual and cognitive status of the participants. The majority of participants were diagnosed with borderline intellectual functioning (*n* = 52, 61.2%), followed by mild intellectual disability (*n* = 26, 30.6%), and a few with unspecified Alzheimer's disease (*n* = 4, 4.7%) and cognitive disorder (*n* = 1, 1.2%). Interestingly, when looking at the participants' IQ scores, they indicated that most participants fell into the mild intellectual disability range (participants with IQ 55 – 70 = 55.3%), followed by borderline intellectual functioning (participants with IQ 71 – 84 = 31.8%). See Figure 3 for a comparison of the reported diagnoses and IQ scores. The mean IQ for participants (69.3) was significantly lower than that found in the state prison general population (*M* = 90.6) (TDCJ, 2016). The few participants with relatively higher IQs (*n* = 6) were mostly associated with the participants who were diagnosed with Alzheimer's disease (*n* = 4).

Despite IQ scores indicating intellectual deficits, participants' Kettle Test scores, a measure of functional cognition, ranged from 2 to 24 (*M* = 6.4) on a scale in which scores closer to 52 are more concerning. The majority of participants held an educational status below 12th grade (*n* = 57, 67.1%) with close to one-fourth of participants having an educational status of 8th grade or below. This is consistent with state general population mean academic achievement of 8.3. Most participants were assigned a job (*n* = 71, 83.5%); however, anecdotally this assignment did not indicate the frequency in which the offender worked at this job which for many was reported as minimally. Some participants

(*n* = 14, 16.5%) were designated with an unassigned work status due to the severity of either their physical, cognitive, or psychological condition.

The analysis of participant characteristic also included information regarding their criminal background and incarceration status. Most participants had been incarcerated for the current stay for a mean of 4.9 years with a range of less than one year up to 24 years. The majority of participants had been at the specific target facility for less than a year (*n* = 47, 55.3%) with some being there for more than six years (*n* = 21, 24.7%). Most participants had at least one other prison stay in addition to the current stay (*M* = 1.4 stays) with a range of up to four previous prison stays. The majority of participants (*n* = 53, 62.4%) were incarcerated for a violent offense (e.g., assault, homicide, sexual offences) which is consistent with state incarceration rates for violent offenses (60.1%) (TDCJ, 2016). This was followed by property offenses such as arson and burglary (*n* = 12, 14.1%), drug offenses such as delivery and possession (*n* = 11, 12.9%), and other offenses such as obstruction and evading arrest (*n* = 9, 10.6%). Although difficult to anticipate offender release dates, 27 participants (31.8%) had a projected parole release date within the next two years.

Quantitative Outcomes

The quantitative results that follow will include descriptive and inferential statistics. The descriptive statistics are related to the OT program's service provision. The inferential statistics include a comparison of the delayed and immediate intervention groups and changes in within-intervention group measures over time.

Descriptive Program Outcomes

Descriptive statistics were employed to depict the implementation of the target intervention and occupation-based services rendered. Figure 4, inspired by the study's stepped wedge design, illustrates the participants' status, crossover of participants from the delayed to the immediate intervention group, specific crews implemented, and descriptive statistics of each individual crew within the study timeframe. The first OT Workshop crews implemented were a horticulture crew and two craft crews. Each of these crews enrolled eight participants (n = 24) with good completion rates (n = 22, 91.7%) and attendance rates for those who completed the crew (80.8% - 92.9%). A second phase of six crews were initiated following the completion of the first and involved a horticulture crew, two craft crews, a cooking crew, and two technology crews. Each of these crews enrolled approximately 10 participants (with the exception of 11 in the cooking crew), had a range of completion rates from 60.0% to 80.0% (n = 45), and attendance rates from 73.4% to 92.4%. The crews that had the highest attendance rates were technology crew one (90.5%), horticulture crew one (91.7%), cooking crew one (92.4%), and craft crew one (92.9%). No workshop crews required discontinuance or reorganization of members before completion.

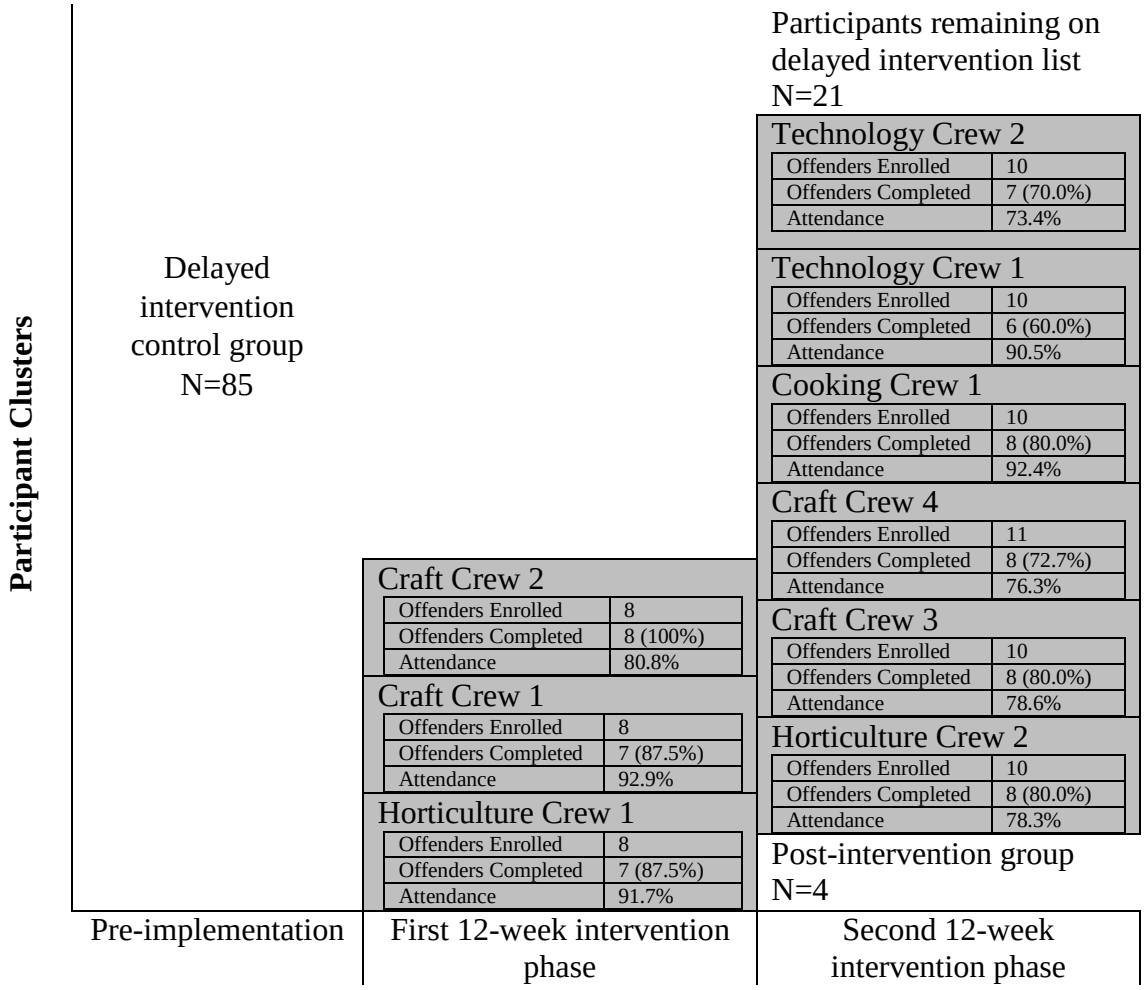


Figure 4. Intervention descriptive statistics. Illustration of the crossover from the delayed intervention to the immediate intervention group and enrollment and attendance statistics for each OT workshop crew implemented during the time frame of the study. Percentages of attendance are for those who completed the crew.

The number of participants that remained in the delayed intervention group at the end of the study time period due to a recent behavioral restriction temporarily impacting eligibility or a lack of availability originating from a schedule conflict, later arrival to the facility, or leaving the facility before assigned to a crew was 21. As a result, some

participants (*n* = 21) were assigned to a second intervention phase after completing a first. During the study's time period, four participants experienced a post-intervention time phase.

The nine total crews completed during the study included a mean of 22.0 (range of 18 – 24) sessions (see Table 5). Overall completion rates were good (*n* = 67, 78.8%) with the primary reason for a participant not completing a crew being release to the community (*n* = 9). Overall attendance rate, comprising both participants who did and did not complete the crew (*n* = 85), was 73.0% (see Table 6). This attendance rate increased to 79.7% when analyzing only participants who completed the crew. Although difficult to evaluate the reason for all absences, most absences were attributed to temporary behavioral restrictions (*n* = 146, 30.5%) and release/transfer from the facility (*n* = 128, 26.7%). Very few absences due to refusal were indicated (*n* = 14, 2.9%); although, some reasons were unknown (*n* = 66, 13.8%). Eleven participants were released/paroled to the community during the study period with three of these releases belonging to participants who had completed an OT Workshop crew. As of the end of the study period, the records indicated that these participants had not recidivated.

Table 5
Occupational Therapy Intervention Completion Outcomes

Outcome	Statistic *N*=64
Crew Descriptors	
Number of intervention Workshop crews	9
Participants per crew (*M*, min – max)	9.4 (8 – 11)
Sessions provided per crew (*M*, min – max)	22.0 (18 – 24)
Completion Outcomes (*n*, %)	
Offenders who completed one Workshop crew	52 (81.3%)
Offenders who completed second Workshops crew	15 (71.4%)*
Overall completion rate	67 (78.8%)**
Offenders assigned but not completing crew	18 (28.1%)
Reasons for incompletion	
Released to community/parole	9 (50.0%)
Transferred to another prison unit	3 (16.7%)
Outside behavioral issues/poor attendance	3 (16.7%)
Schedule conflict	2 (11.1%)
Interfering medical problem	1 (5.6%)

Note. *This percentage is calculated from a possible n = 21 as this is the number of offenders assigned to a second crew. **Overall completion rate combines the data from completing one crew with the data from those who completed a second crew (i.e., 52 + 15 = 67). The percentage is from a possible n = 85 (64 assigned to one crew + 21 assigned to second crew = 85).

Table 6
Occupational Therapy Intervention Attendance Outcomes

Outcome	Statistic *N*=85*
Overall attendance rate of all participants (*n*, %)	85 (73.0%)
Attendance rate of participants who completed intervention	67 (79.7%)
Attendance rate by quartiles	
75 – 100% Attendance	52 (61.2%)
50 – 76% Attendance	13 (15.3%)
25 – 49% Attendance	9 (10.6%)
0 – 24% Attendance	11 (12.9%)
Reasons for absences	
Behavior	146 (30.5%)**
Release/transfer	128 (26.7%)
Schedule conflict	79 (16.5%)
Unknown	66 (13.8%)
Illness/Medical	46 (9.6%)
Refusal	14 (2.9%)

Note. *N = 85 gained by combining those assigned to one crew (*n* = 64) with those assigned to a second crew (*n* = 21). **Frequency counts for the reasons for absences.

Although the focus of this study's therapeutic intervention was the OT Workshop, Table 7 describes select additional OT services provided during the study period that could have influenced the outcomes of the study. Individual OT consultations were received by 12 participants, including community re-entry planning (*n* = 9), home exercise program training (*n* = 2), and individual computer training (*n* = 1). The OT staff also provided a special event approximately monthly. Examples of the special events included holiday- and seasonally-themed activities, a game day, and a movie day. Participants who completed an OT Workshop crew were also provided with a special graduation ceremony. Finally, 27 participants (42.2%) attended a weekly exercise program that included basic health education (e.g., hygiene, smoking prevention, stress management, exercise, and nutrition) and opportunities for physical activity (e.g., walking and modified Tai Chi, Yoga, and Zumba exercises).

Table 7

Additional OT Services Provided

Outcome	Statistic
Number of OT individual consultations	12
Re-entry planning (*n*, %)	9 (75.0%)
Home exercise program	2 (16.7%)
Computer training	1 (8.3%)
Number of Special events	7
Mean attendance at special events	43.3
Weekly exercise group (8 – 16 sessions) (*n*, %)	27 (42.2%)

Stepped Wedge RCT Comparison of Cases

A paired-samples *t*-test was conducted to compare the number of cases in the delayed intervention group within the three-month period prior to intervention with the number of cases received once the offender participants were within the three-month intervention phase. The three-month period prior to intervention was selected as the comparison time range in order to equalize the time with the length of the intervention. The number of cases that occurred during the three-month period prior to intervention were consistent with number of cases that occurred in the delayed intervention group in earlier three-month timeframes (e.g., 3-6 months prior and 6-9 months prior); therefore, the three months immediately prior served as sound representative time frame for pre-intervention case data.

There was a significant difference in the number of cases within the three month period prior to intervention (M = .14, SD = .39) and number of "cases" during the three month intervention (M = .02, SD = .13), $t(63) = 2.39$, p = .02. These results were also confirmed with a Wilcoxon signed-rank test, Z = 2.31, p = .02. Also noteworthy, the offenders who participated in a second intervention phase (n = 21) had zero "cases" during this second 12-month intervention period as well as the few participants (n = 4) that experienced a true three-month post-intervention phase. The most common types of cases received by participants over a 12-month time period (including the intervention period and approximately six months pre-intervention), were refusal to obey orders

(includes refusal to attend scheduled work) and being out-of-place (i.e., not in the designated area); (see Figure 5).

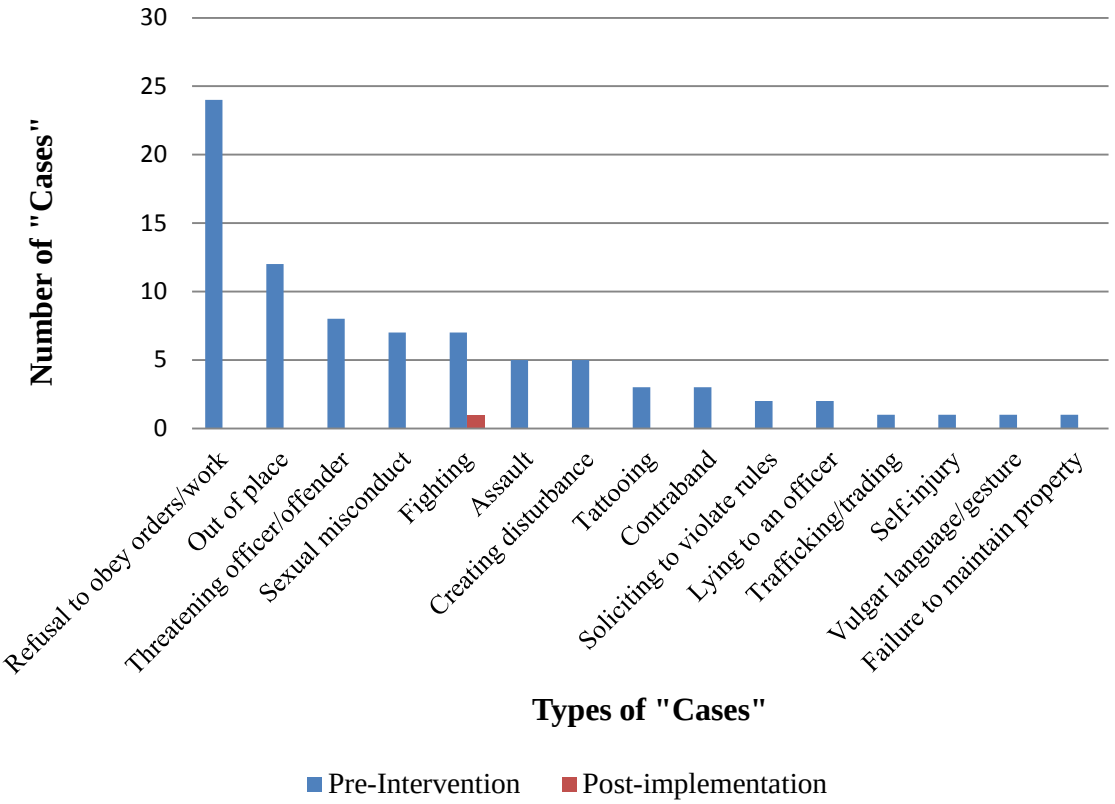


Figure 5. Types of behavioral cases during 12-month time frame (*N* = 85).

Within-Intervention Group Results

Inferential statistics were conducted on the study's measures used over time during the intervention phase, including GAS, the VQ, a relative mastery rating, and the SP. The inferential statistics are categorized and presented in the subsections that follow as changes in occupational performance, occupational participation, relative mastery, and group dynamics over time.

Changes in occupational performance. A Wilcoxon signed-rank test indicated that participant GAS scores at the end of the intervention phase were statistically significantly higher than at the baseline of intervention, $Z = 5.72$, $p < .001$. The GAS scores pertained to performance on individualized goals selected from the goal bank. Each participant was assigned one individualized goal based on initial evaluation results. Table 8 depicts the utilization of performance goals and those in which the offender participants demonstrated significant progress. The most common area of progress was in the area of performance behavior ($n = 23$, 27.1%) with the most commonly utilized goal being improved independence in task performance ($n = 21$, 24.7%). Other common areas of progress included social interaction ($n = 14$, 16.5%) and planning/decision making/ creating ($n = 12$, 14.1%). The most common levels of independence achieved included complete independence (e.g., participant independently performed the required steps for completion of a project) and use of indirect cueing or modeling (e.g., participant performed the required steps for completion of a project with indirect cueing or modeling). These are higher levels of achievement versus goals that required direct verbal or physical cues or resulted in only partial completion of a task, which were utilized or required less frequently. The number of participants that were promoted during or at the end of the intervention crew from the work role of trainee to a new role designated by the OT practitioners of advanced trainee was 25 (39.1%). These participants were determined to have not yet achieved criteria for the role of apprentice; however, they demonstrated such a level of improvement in key areas of technical skills,

interpersonal skills, performance behavior, and independent functioning that a recognized promotion was warranted.

Table 8

Areas of Performance Progress Utilizing GAS Goals

Performance goal	*N* = 85 (*n*, %)
Prosocial adaptive response behavior	
Social participation	
Social interaction	14 (16.5%)
Communicating needs or wants/help seeking	4 (4.7%)
Prosocial behavior/altruism	2 (2.4%)
Emotional regulation & coping	
Persists through challenges	6 (7.1%)
Frustration tolerance	1 (1.2%)
Generate novel coping skills	7 (8.2%)
Performance behavior/external role expectations	
Independence in task performance	21 (24.7%)
Organization	0 (0%)
Sets standards/leadership	2 (2.4%)
Hygiene, grooming, & basic self-care	0 (0%)
Problem solving & decision making	
Planning/decision making/creating	12 (14.1%)
Awareness of & correction of mistakes/modifying approach	8 (9.4%)
Relative mastery	
Self-esteem & competency	
Positive self-statements	6 (7.1%)
Desire for mastery	
Motivation	
Participation/goal-directed behavior/self-initiation	2 (2.4%)

Analysis of variance indicated no significant difference between the final GAS ratings of each intervention crew, supporting that each type of crew had comparable impact on participant outcomes, $F(8,69) = .51$, $p = .06$. Correlation statistics indicated a

significant positive relationship between final GAS rating and number of sessions attended, $r = .41$, $p = .002$.

Changes in occupational participation. A within-participants repeated measures ANOVA with a Greenhouse-Geisser correction exhibited a significant difference in occupational participation utilizing VQ scores over time, $F(3.63, 181.68) = 87.36$, $p < .005$. The effect size value obtained, using partial eta squared, ($\eta_p^2 = .64$) suggested a large change in VQ scores over the time of the intervention. Post hoc analyses revealed that occupational participation utilizing the VQ score improved significantly across the six intervention measurement time points (every 2 weeks) with the exception of the final two measurement times: between Time Five and Six, $p = .93$ (see Figure 6). This could suggest a leveling in the trend of steady improvement toward the last few weeks of the 12-week intervention. With a range of scores on the VQ of 14 to 56 and higher numbers indicating higher levels of achievement, the study outcomes indicate offender progress in occupational participation from exploratory to more consistent competency characteristics. Exploration involves basic curiosity and interest in the environment; however, competency encompasses the person's attempts to actively engage and influence the environment. Analysis of variance indicated no significant difference between the final VQ ratings of each intervention crew, supporting that each type of crew had comparable impact on participant outcomes, $F(8, 57) = 1.14$, $p = .36$.

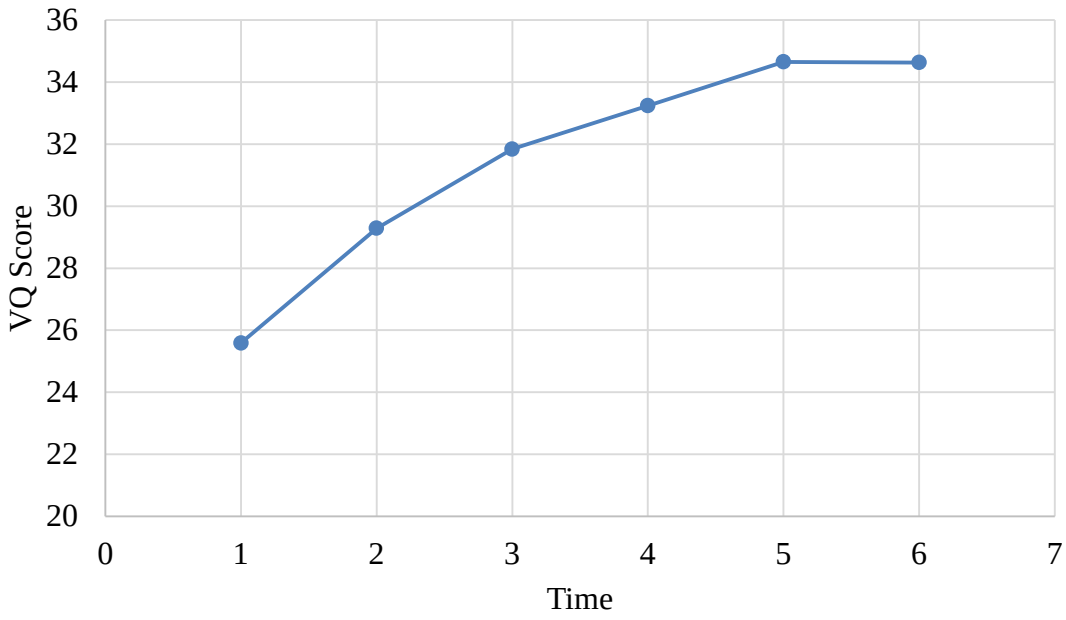


Figure 6. VQ ratings over six times points.

Pearson product-moment correlation coefficients were computed to assess the relationships between several key variables in this study: IQ, age, Kettle Test score, number of sessions attended, VQ ratings, relative mastery ratings, and final GAS rating. The most meaningful statistically significant relationships in these analyses were found in two areas: (1) IQ and the final three VQ ratings and (2) final GAS rating and the final four VQ ratings (see Table 9). These were all moderately positive correlations.

Changes in relative mastery over time. A within-participants repeated measures ANOVA with a Greenhouse-Geisser correction revealed no significant difference in relative mastery ratings over time, $F(4.73, 80.32) = 1.25$, $p = .30$. Despite this finding, relative mastery ratings, with a scale of three to nine, were consistently high over time and never dipped below a mean of 7.8 for a single time point (time eight) or 7.6 for a

single intervention crew (Technology Crew One) (see Figure 7). The mean relative mastery rating got as high as a mean of 8.7 for a single time (Time Seven) and 8.9 for a single crew (Technology Crew Two). Analysis of variance indicated no significant difference between final relative mastery ratings of each intervention crew, again supporting that each type of crew had comparable impact on participant outcomes, $F(8, 47) = 1.33$, $p = .25$.

Table 9

Correlations Between IQ, Final GAS Rating, and VQ Ratings Over Time

	IQ	Final GAS rating
VQ time 1	-.15	.18
VQ time 2	.04	.24
VQ time 3	.10	.45**
VQ time 4	.32*	.46**
VQ time 5	.40**	.44**
VQ time 6	.44**	.47**

Note. *$p < .05$ and **$p < .01$.

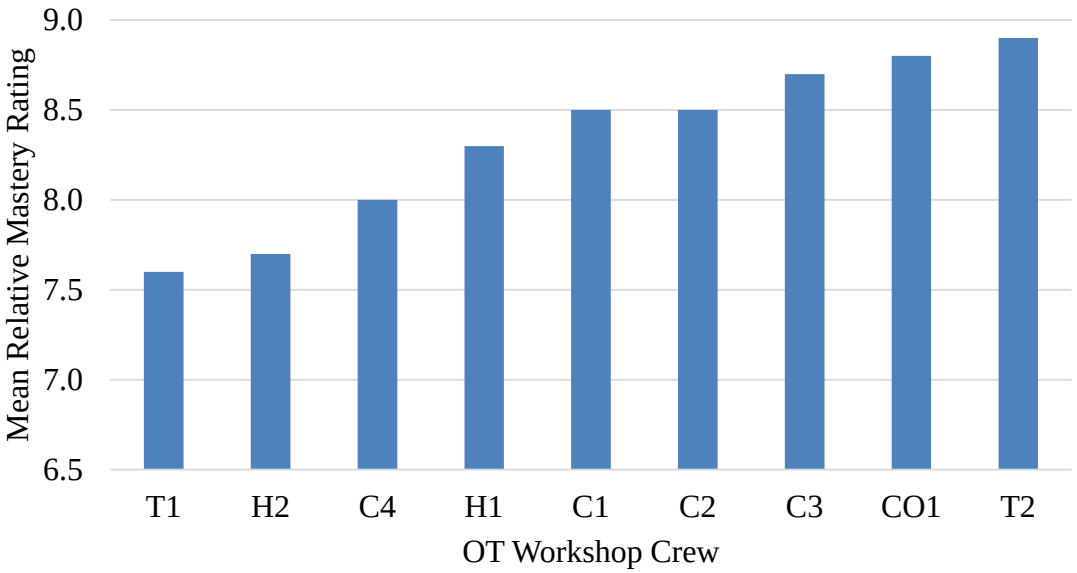


Figure 7. Mean relative mastery ratings by individual OT Workshop crew. T = technology; H = horticulture; C = craft; CO = cooking.

Changes in intervention group dynamics over time. A within-participants repeated measures ANOVA with a Greenhouse-Geisser correction exhibited a significant difference in group dynamics utilizing Social Profile (SP) scores over time, $F(1.23, 77.63) = 609.04$, $p < .005$. The effect size value obtained, using partial eta squared, ($\eta_p^2 = .91$) suggested a large change in SP scores over time. Post hoc analyses revealed that the maturity of group dynamics improved significantly across the three intervention measurement time points: baseline, six-week, and 12-week points, $M = 1.5$, $SD = .49$; $M = 2.4$, $SD = .35$; $M = 2.9$, $SD = .33$ (see Figure 8). Descriptive analysis of SP ratings by individual OT intervention crews revealed that each crew demonstrated progress over time (see Figure 9). Most of the crews improved from a parallel level of social group participation at baseline, where group members work side by side but do not interact, to

either an associative or a basic cooperative level by the end of the intervention phase. The group members begin to briefly interact during the associative level, and at a basic cooperative level, the members begin to collaborate on a mutually interesting goal or project. The cooking crew had the largest final SP rating (3.6), closely followed by technology crew two (3.4), horticulture crew one (3.2), and craft crew four (3.2). A review of SP scores also revealed that most crews went from receiving no ratings in the supportive and mature areas of social participation to receiving more consistent scores in these desired areas by the end of the intervention.

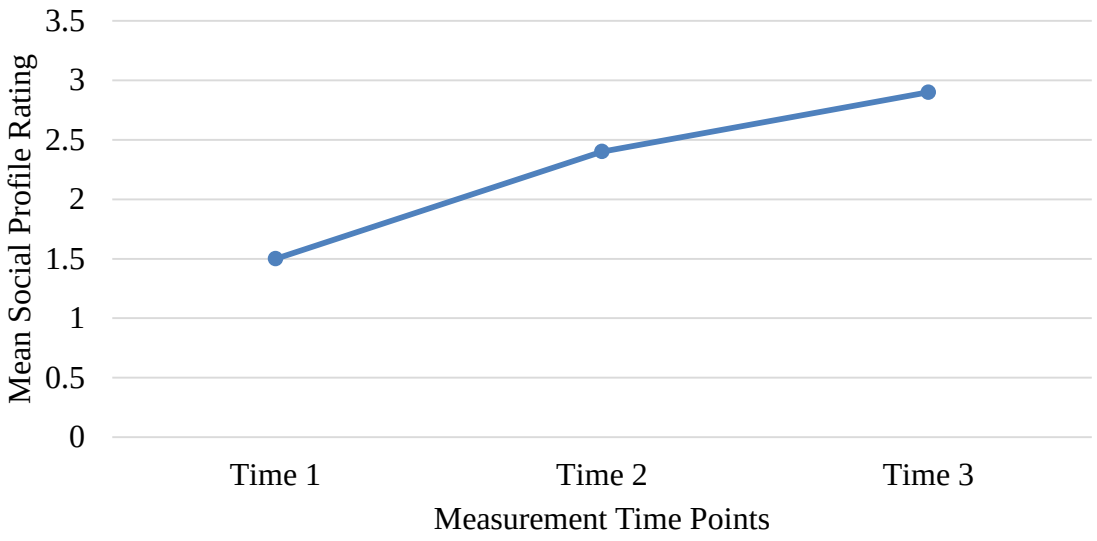


Figure 8. Mean Social Profile rating over time.

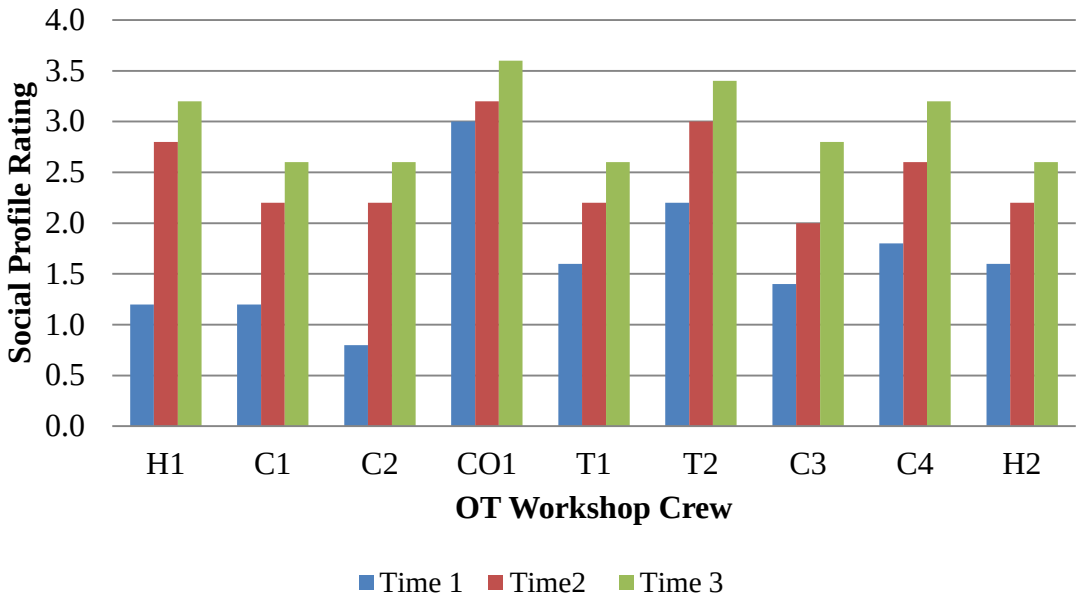


Figure 9. SP ratings for each OT Workshop crew at three measurement points.

Qualitative Outcomes

The staff participants (N = 8) interviewed included seven females and one male in one of the following roles: case manager, security officer, psychology staff, occupational therapist, occupational therapy assistant, or foundation representative. The mean years of experience of these participants at the target facility and in criminal justice work was 5.8 (range of .5 – 18.0) and 9.1 (range of .5 – 18.5) successively. All of the staff participants, with the exception of the occupational therapist, were interviewed prior to OT program implementation. As a result of "the adverse event," only the occupational therapist, occupational therapy assistant, and foundation representative were able to be interviewed for the post-implementation interviews. Considering the additional bias introduced with not having the perspectives of non-OT program staff represented during the post-

implementation phase, the qualitative results are presented in manner that overtly acknowledges which perspectives originated with participants considered "insiders" versus those considered "newcomers." From this point, the perspectives originating primarily with the prison facility's non-OT staff, such as case managers, security officers, psychology staff, are labeled as an Insider perspective. Perspectives primarily attributed to the occupational therapist, occupational therapy assistant, or foundation representative are labeled as Newcomer.

The results of qualitative analysis revealed areas of programmatic impact over time with an overarching theme of "well-rounded tools to navigate life." This overarching theme was selected to capture the holistic approach of the intervention emphasized by the staff participants and exemplified in the following statements by two Newcomers: "There was nothing existing prior to this that addressed personal needs in all areas of life…The program gives well-rounded tools in life – to navigate life."

> They feel more connected to important areas of their life. We created an environment in this facility which includes good social relationships with honesty and trust; open communication for any discussion; ability to learn new life skills and maintain existing skills using a holistic approach in learning…giving a second chance to all participants to improve their life performance (Newcomer).

In addition to the overarching theme, analysis resulted in four domains of impact with each domain containing three themes (see Table 10). The themes were worded to reflect the phenomena expressed by those interviewed and depict the developing influence of the

program from the time prior to implementation to the study's data collection end point. The words chosen were not intended to imply the absolute fulfillment of these concepts or their absolute absence prior to the program implementation. The terms project relative, gradual shifts in status over time trending in the direction of the thematic construct.

Table 10

Display of Thematic Findings

Domain of impact	Themes
Routines, habits, and roles	Routines: from mundane to meaningful Habits: from harmful to healthy Roles: from overlooked to opportunities
Assistance and approaches	Independence: from mandated to managing Empowerment: from helped to helper Knowledge: from resistance to a reason
Barriers to participation	Person factors: from reaction to restraint Systemic factors: from absent to access Uncontrollable factors: from hailstorms to hope
Future directions	From survival to support From empty to employment From clash to collaboration

Impact to Routines, Habits, and Roles

Insiders and Newcomers discussed the typical performance patterns of offenders within the context of the prison. Newcomers further described the impact that the implementation of the intervention was having on these routines, habits, and roles.

Routines: from mundane to meaningful. Staff Insiders and Newcomers described the regular routines of the offenders in terms of a weekday and weekend

schedule, intermittent or recurrent events, and non-scheduled activities (see Table 11). The typical routines of the prison setting were presented as highly structured with most activities offering little meaning to the offender according to both Insiders and Newcomers. The available routines that could afford more meaning (i.e., the non-scheduled activities) were typically being utilized in less productive ways. For example, Insiders reported that recreation times were mostly used to "socialize and gossip with very little movement;" time in the dayroom was often spent "religiously watching a specific soap opera on TV;" and hygiene times were not consistently utilized. Some valued volunteer programs, such as the former pet therapy program, were only available to certain offenders (e.g., the most well-behaved) and had dissolved or were inconsistently offered. The most meaningful activities within the typical routine of offenders, as perceived by Insiders, were going to commissary (i.e., form of a prison store), watching certain television programs, visitation, participating in the annual facility talent show. Insiders indicated that only a small number of offenders found their current work assignment meaningful.

Table 11

Typical Routines Before and After Program Implementation

Type of routine	Typical routines	Changes in routine
Weekday scheduled	4 am wake-up call Medication window 1-3x/day Meal time 3x/day Assigned work (for some) Attend school (for some) Outdoor recreation 1x/day Dayroom activities 1x/day (TV) Commissary 1x/week Mandatory quiet time Morning and evening hygiene Count times	OT groups 2-3x/week More consistent use of hygiene times More consistent medication adherence (per report) Requests to help outside scheduled group times More productive use of rec time
Weekend	Visitation Church/religious activity	
Occasional events	Medical appointment Therapy or special group/class (psychology, social work, correctional or school sponsored) Monthly special event (for those case-free) Annual talent show (for those case-free) Hair cut Parole interview (for some)	More participation in monthly events
Non-scheduled	Board/card games Do each other's hair Listen to music Read book from library Socialization Television Phone call (for some)	More range of leisure activities (e.g., arts and crafts) More appropriate social interactions

Newcomers spoke of the improvement in access, the quality of utilization, and the meaningfulness of routine activities since program implementation.

> When first touring the facility, the offenders just went to work (if they had work) and back to their bunks. It was mundane. Now they come to classes and learn. It's something that is designed specifically for them and they are not made to do it. You see the change in mood. It is something to look forward to and benefit from (Newcomer).

The OT program added the routine of consistently attending therapeutic groups two to three times per week for most eligible offenders. Offenders were reported to frequently request to assist with program tasks outside the regularly scheduled group times. Other improvements conveyed in regards to routine time utilization included more consistent use of hygiene times ("they are showing up to class having combed their hair, taken a shower, and using deodorant"), adherence with going to the medication window ("I see haven't collected any numbers, but I see them lined up at the pill window more regularly"), productive use of recreation time ("they now walk more at rec [sic] time instead of stand around and gossip"), participation in monthly and other special events ("they get excited about the special events, and we are able to give them more frequently than what was being done before"), and an expanded range of leisure activities during non-scheduled time frames ("some of them have been doing their yoga in their bunks").

This shift in routine appeared to speak to the program's infusion of meaningful and purposeful opportunities that Newcomers relayed as being displayed by offenders

through pride in their work. “They are very proud of their work. They say, ‘Come see what I have made’.” The enhanced meaning was attributed to the opportunity to help or give-back to others (e.g., make something for someone else), being recognized for their accomplishments (e.g., graduation ceremony), and/or learning a valuable skill (e.g., computer skills). The Newcomer emphasized the importance of activities that resulted in a tangible product: “They want to have an item in-hand after a class or series of classes.” Although Newcomers espoused all OT Workshop crews as meaningful, the cooking crew was perceived to be particularly popular. “The offenders love the cooking class. Food always unites people. They prepare a meal and eat together. They want to take this class again and again.” Overall, it was perceived by Newcomers that the OT program added meaning to the everyday routine of offenders: “They come to class ready to learn and state that their day is better when they know they are coming to OT.”

Habits: from harmful to healthy. Staff Insiders and Newcomers communicated the habits of offenders that could be categorized as either harmful or healthy and a progressive development of more healthy habits for some offenders following program implementation. These habits fell into sub-categories of habits pertaining to care of self, care of property, and care of others.

Newcomers testified to offenders’ self-care habits impacted by the OT program, including exercise, hygiene, medication adherence, coping strategies, and nutrition. Some offender participants were perceived to be exercising more at recreation times, performing yoga in their bunk area, and utilizing relaxation strategies taught during OT

intervention. A Newcomer indicated changes in offender grooming and hygiene: “More offenders take showers prior to class and do their make-up to look nice. They brush their teeth more often; wash their hands when they come into class without reminders; style their hair. Their clothes are cleaner.” Another Newcomer reported the perception that offenders seemed to have fewer denials to go to the medication window as prescribed, implying that medication adherence could have been impacted by the program; although, this was not statistically verified in this study. General attention to personal health appeared to improve as evidenced by statements such as, “They are paying more attention to what they eat…they have learned that to be healthy you must eat healthy and take care of yourself.” Insiders reported the offenders’ previous lack of knowledge about basic women’s health (“some don’t even understand their periods”), and more than one Newcomer discussed that this lack of knowledge was being addressed by the program though discussions of diabetes, heart health, and reproductive health. Program documents confirmed women’s health topics as primarily arising during the weekly exercise groups.

Habits related to offenders keeping their space clean and organized and caring for personal items were described as slowly improving for some offenders. The offenders’ difficulty of understanding and respecting the specific prison standards for cleanliness and care of property reported by Insiders was addressed through strategies such as a visual display of a bunk space created to make expectations more easily discernable. The bunk space display was mentioned by two Insiders during interviews and confirmed through the PI’s field notes. Newcomers reported offenders participants to be

demonstrating more responsible and independent behaviors for cleaning up after groups ("we don't have to prompt them as much to clean up"), caring for supplies, and beautifying their environment ("we decorate the room with most of the projects that they make").

Insiders and Newcomers mentioned habits related to how the offenders interact with and treat others. Insiders reported long-standing patterns of offenders using others in manipulative ways for secondary gain, resistance to authority, and/or interacting with an immature and disrespectful communication style. The OT program was credited by Newcomers as facilitating more respectful, altruistic, and healthy interpersonal interactions. The following statement by a Newcomer exemplifies this:

> There are more open dialogues and choice of words – like less cussing [sic]. They bring their concerns to discuss in class and ask for advice or just like to talk. We didn't have this opportunity in the beginning because they were closed down. Now they are more open to socialize and discuss important issues in their daily life.

Another Newcomer described how offenders were "politely asking one another instead of saying, 'Give me that.' Instead they say, 'Could you please pass that?'"

Roles: from overlooked to opportunities. As a whole, offenders were said to be limited in opportunities to fulfill meaningful roles. Insiders and Newcomers identified the importance of pursuing roles that enable offenders to serve others and meet valuable needs in a prosocial manner. The roles highlighted by Newcomers included task-focused

roles of work, home manager, leadership/teaching, and health manager, and relationship-focused roles of family, parent, religious member, and citizen.

Newcomers testified that the OT Workshop provided offenders with the opportunity to experience several task-focused roles. Task-focused roles included a meaningful work role where offenders were able to develop an improved work ethic and knowledge of applied work skills.

> Horticulture gives them a work role and they could work at a garden center later. They learn to find and apply for jobs on the computer in technology group. Yes, most everything translates to a role in the future – even crafts can teach them a role that requires detail work.

Within the work role, offenders were provided with leadership and teaching roles according to Newcomers. “They have the opportunity to teach in cooking class to present on nutrition and different food choices that they have learned….They also help their peers and give each other feedback.” Preparing offenders for the home manager role, the workshop was described by Newcomers, and triangulated by written program documents and field notes, as addressing tasks such as simple meal preparation, using a microwave, accessing transportation, using a washer and dryer, cleaning and organization, operating a phone or computer, money management, and pet care. Finally, supporting the health manager role, offenders were reported to have an improved understanding of and commitment to medication and diabetes management: “Some inmates better understand their health and are taking care of things…managing diabetes and other things.”

In regards to relationship-focused roles, most offenders were reported by an Insider to have limited to no family contact, and among those who do, some of these families were unable or unwilling to provide monetary resources or healthy emotional support. Contact primarily occurred through writing letters, phone calls, or visitation. Insiders described how many offenders created their own family systems or community while incarcerated and enacted roles such mother, grandma, daughter, or sister among each other. This was portrayed to have both healthy and unhealthy examples depending on the motives and behaviors personated within the simulated family dynamic. The improved social skills and group dynamics demonstrated by OT Workshop participants were thought by Newcomers to be influencing the health of some relationship roles including the parenting role. “They are learning things to help in the mothering role.” Some workshop activities indirectly enabled offenders to “openly express their religious or spiritual preferences without judgement,” supporting their role as a religious/spiritual faith member. One Newcomer emphasized the role of citizen as facilitated by the OT Workshop: “They are functioning as citizens in OT and hopefully that role transfers to the dorms and even outside the community….They are learning the importance of following and knowledge of laws, rules – social rules too.”

Impact to the Assistance Required and Approaches Utilized

Insiders and Newcomers indicated the type and quantity of assistance required by offenders to fully participate within available opportunities. Newcomers described how the implementation of the OT program provided and influenced the need for assistance.

Independence: from mandated to managing. Attitudes or stances related to helping offenders perform tasks were described by Insiders and Newcomers as varying among staff: (1) demanding a task be completed whether it is within the offender's capacity or not, (2) doing the task for the offender for the sake of efficiency or from the assumption that the offender is not capable, and (3) providing only the necessary supports so that the offender can perform within her potential. Most Insiders and all Newcomers asserted the importance of offenders having opportunities to perform independently in meaningful tasks. Insiders perceived offenders with IDD to require a significant amount to assistance in activities such as managing appointments, getting to places they need to go, managing medications, following instructions, getting up on time, attending to hygiene, and pursuing healthy leisure. Insiders and Newcomers described some offenders as having adopted a pattern of dependency where they stop attempting to do tasks within their capacity and allow or manipulate others to do these tasks for them.

Newcomers stressed the use of an intentional approach that facilitates the offenders' confidence in performing tasks more independently:

> We emphasize that they need to try to figure things out. It is not always a pleasant discovery for them as they struggle with some new tasks like sewing or typing or planting a rose bush. They say "do it for me," and we respond, "No, we will show you how, and then you do it for yourself."

Newcomers described the deliberate approach utilized in the OT Workshop as more directive initially followed by a gradual reduction in assistance over time. Other methods

mentioned as helpful in the therapeutic process of facilitating independence were multimodal learning experiences and prompts (e.g., verbal, visual, kinesthetic), repetition, encouragement in overcoming motivational barriers, modifying the cognitive demand of materials, providing consistency of routine, slowing the pace, simplifying instructions, and offering hands-on practice. Newcomers espoused the outcome of these efforts as successful in promoting offender independence and skill development.

> In the initial stages there was lots of physical assistance - getting supplies, cleaning post session, demonstrating tasks - but now they're more independent to complete tasks. By the end of the time in group, they describe how they can grow their own garden, sew their own clothes, make their own breakfast/lunch. Most can handle two- to three-step instructions and proceed with a work task (Newcomer).

Lower functioning offenders were described by Newcomers as still needing assistance but less than what was required at the beginning of the intervention.

Empowerment: from helped to helper. Building on the outcome of improved independence, Newcomers also asserted an outward shift within offenders from focusing on being helped or helping self to helping others. "I feel offenders are not afraid to help one another and work with others outside their small cliques or social groups." The OT Workshop was credited with empowering offenders to fulfill prosocial, altruistic motives that were reinforced by several therapeutic ingredients.

The first therapeutic ingredient identified by Newcomers was the opportunity for offenders to collaborate on various projects such as the horticulture crew planning and maintaining the garden area. “Offenders will give and accept assistance from other offenders, which was not initially the case.” Offenders who finished tasks early were also encouraged by the OT staff to help their fellow crew members. For example, Newcomers described offenders in the technology crew who finished their computer exercise and would assist peers who were slower to finish. According to the Newcomers and verified by the program manual, most workshop projects and activities were designed to produce a product that benefited the facility or the community. Offenders made blankets that were donated to a local nursing facility and planted flowerbeds that added to the aesthetics of the facility. Finally, a Newcomer described offenders as being afforded the opportunity to teach and lead, providing a natural context to experience the benefits of helping others: “I think of a woman with a severe speech problem and now she is leading the exercise classes. And she is so good at it and others appreciate her leadership…Her confidence has blossomed.” Another Newcomer stated, “Offenders really enjoy having this role as teacher in their class…It allows them to practice a leadership role, improves communication with peers, and increases self-esteem and confidence.”

Knowledge: from resistance to a reason. Several Insiders and Newcomers described the difficulty that many of the offenders had with understanding the purpose of certain classes offered or policies enforced by the prison system and, therefore, required strong encouragement to participate or adhere to expectations. Insiders reported that

many offenders, in general and not in reference to the program participants, seemed to decrease in motivation over the time of their incarceration. The decline in offenders' motivation resulted in a conundrum considering that attendance and motivation were key factors identified by Newcomers for learning. Despite this challenge, Newcomer observations included the improved overall motivation and attendance of workshop participants that was perceived to subsequently result in knowledge and skill gain.

A qualitative review of OT workshop documents, along with staff interviews, resulted in a categorized list of specific topics and skill-building activities provided within each type of crew and the exercise group (see Table 12). This review affirmed the fidelity of the program to the manualized intervention while also revealing the OT staff's ability to design learning experiences responsive to offenders' in-the-moment needs and interests. The learning of technology, job skills, social rules, healthy lifestyles, and other life skills were opportunities frequently cited by Insiders and Newcomers in reference to the OT Workshop. A Newcomer affirmed the value of this content by stating, "They are learning things that address survival in the community. The inmates have a reason to participate and you see it in their motivation."

Impact to Barriers of Participation

Insiders and Newcomers pinpointed a variety of barriers to offenders' participation in healthy occupations, which were categorized as person, systemic, and uncontrollable factors. Newcomers also designated ways in which some of these hurdles were successfully addressed or overcome by the OT program.

Table 12

Qualitative Overview of Therapeutic Topics and Activities Implemented

OT workshop crew	Topics and activities	
Horticulture	**Planting & transfers**	**Education**
	Inside and outside containers	Plant development cycle
	Outdoor beds	Reproduction
	Landscape plants (bushes, trees)	Create life size replica
		Irrigation
	Cleaning & maintaining	Insects
	Watering	Gardening video
	Weeding	Hydroponics & aquaponics
	Fertilizing	
		Craft-related
	Cook/eat garden produce	Decorating flower pot
		Make bird house
	Seasonal activities	Decorate picture frame
		Make Christmas wreaths
Craft	**Handicrafts**	**Handicrafts (cont.)**
	Jewelry boxes	Basket weaving
	Mosaics	Copper tooling
	Blankets donated to community	Button craft
		Painting ceramic figures
	Beading	
	Mural	**Seasonal projects**
	Wooden napkin holders	Designing & preparing Fall festival
	Collage	
	Drawing & painting	Breast Cancer awareness frames
	Sculptures	
	Sewing baby blankets & doll clothes	Pumpkin carving
		Holiday decorations
	Leather coin purse	Holiday cards
	Piggy bank	New Year's clock
Technology	**Basic computer skills**	**Application**
	Typing sentences into Word	Making a flyer
	Saving & printing	Making a budget
	Copy & paste	Taking a quiz
	Typing program	Typing a resume
	Making a table & bulleted list	Typing a job application

(continued)

OT workshop crew	Topics and activities	
Technology (cont.)	**Application (cont.)**	Typing an article from a magazine
	Making an event survey	Making an event sign-in sheet
	Type letter to family	Making an OT awareness month board
	Making a menu	
	Making a calendar	
Cooking	**Education**	**Preparing food**
	Safety with sharps & heat	Sandwich
	Handwashing	Salad
	Cooking video	Spring rolls
	Food calories	Ganola bars
	Budgeting & shopping lists	Chicken & rice
	Grocery shopping tips	Fruit salad
	Cooking chicken safely	Brownies
	Cooking for one person	Ground beef nachos
	Healthy foods	Smoothies
		Chicken spaghetti
	Related tasks	No-bake cheesecake
	Setting the table	
	Making a shopping budget & list	
	Making a recipe journal	
Exercise group	**Exercises**	**Education**
	Yoga	Smoking hazards
	Walking	Bullying prevention
	Upper body strengthening	Hygiene & grooming
	Tai Chi	Nutrition & exercise
	Breathing exercises	Eating disorders
	Zumba	Personal safety
		Stress management
		Oral hygiene

Person factors: from reaction to restraint. The primary person factor negatively affecting offenders' full occupational participation, identified by all staff participants, was behavior self-regulation. Some Insiders and Newcomers associated other person factors such as cognitive impairment, age, mental illness, safety awareness,

attention span, stress, and low self-confidence with their negative influence on offender behaviors. An Insider proclaimed the biggest barrier to participation as "getting in trouble because they don't follow the rules…They learn negative behaviors from each other while incarcerated because they see it gets some sort of attention they want or it works for them in some convoluted way." Not following rules, self-injury, trafficking and trading, refusing an order, or getting in an altercation with another offender were specific behaviors mentioned by Insiders and Newcomers and corroborated by the study's quantitative results, that often result in activity restrictions.

Newcomers credited the OT Workshop with reducing negative behaviors of its offender participants. "The program has really helped their behaviors. Now they know they have choices instead of knee-jerk reactions." Another Newcomer testified that an offender "required three to four prompts to keep her hands to herself every session, but today she maybe needs one reminder per week." All Newcomers reported increased trust of the offenders toward the OT staff as evidenced by their willingness to discuss important issues with them and seek advice. Newcomers also described the offenders' intentional tempering of their behavior so that they can participate in the program. Examples included reduced use of foul language, following rules related to use of program supplies, maintaining personal space and property, and avoiding behaviors outside of group that could result in a "case" or other types of restriction. "They are trying to not receive any 'cases' in order to avoid missing OT classes. Their behavior is improving overall."

The continuing struggle of some offenders to self-manage their behaviors was acknowledged with a Newcomer reporting a pattern of one to three offenders from each crew that tended to receive cell restrictions for several weeks, interrupting full participation in the program. The Newcomers also conveyed their frustration with some offenders occasionally declining workshop attendance due to illness but are found attending commissary. Despite these examples, Newcomers primarily emphasized the positive behavioral improvements of a significant number of offender participants since the implementation of the program.

Systemic factors: from absent to access. Insiders and Newcomers identified factors inherent to the prison system as occasional or consistent limits to some types of participation. First, Insiders described limited resources for certain therapeutic or educational programs and special events. Also, the difficulty of initiating and sustaining regular volunteer or therapeutic programs was expressed. An Insider provided the most recent discontinuance of a popular pet therapy program as an example. One Insider explained another factor contributing to limited program access as a lack of understanding of program logistics by outside entities:

> Outside groups or people don't always understand how things work or operate at this facility. They think we are a part of the other campuses/units and so they think we have access to the programs that are going on there, but we don't because we are separate or have a different type of population.

Some existing programs were depicted as only accessible to offenders with certain characteristics such as those who are case-free or medication adherent. This issue was reported by Insiders and Newcomers to limit programming to offenders with more functional challenges.

Insiders recounted limited prison job opportunities, along with complications related to offenders with medical or psychiatric work restrictions and inadequate space to accommodate more jobs (e.g., only a few offenders can fit in the small laundry facility at one time). The primary environments accessible to offenders (within allowable times) encompassed the dorm which included a dayroom, the bed space, and bathroom area; chow hall (i.e., eating area); outdoor recreation area; two buildings with classrooms and clinical staff space; and a laundry building. An Insider reported that the gym was being utilized for storage and was not accessible as an indoor recreation space. Many offenders were also stated by Insiders to not have access to commissary for hygiene and grooming items such as specialized hair products.

A final systemic factor emphasized by Insiders and Newcomers was the influence of the prison staffing patterns on offender participation. Fluctuations in the number of staff available can result in reduced movement within the campus or program cancellations due to limitations in the ability to provide adequate supervision. Sometimes the need to attend to safety and security needs took precedence over some types of activities. Insiders and Newcomers spoke of the importance of consistency among the security and clinical staff in order to recognize and respond to the unique needs of the

female offender with IDD. An Insider reported: “Stability in the staff is beneficial for being able to understand the inmate and being willing to be proactive to prevent problems – these officers know the inmate and their triggers and can help stop things before they start.”

Although the primary focus of the OT Workshop was on facilitating progress within the offender participants, Newcomers recognized a secondary influence on the surrounding context in order to overcome systemic barriers to participation. The most obvious programmatic impact identified was on providing access to consistent, person-centered therapeutic opportunities. The OT Workshop was said to offer a meaningful and purposeful work, as well as expressive, outlet for offenders. The benefit of therapeutic programming was not limited to offenders without “cases” or other restrictive characteristics; therefore, it was said to afford a more inclusive venue for offenders to learn new skills and behaviors. Also, most of the workshop’s products contributed directly or indirectly to the prison environment (e.g., decorating spaces; landscaping grounds) or offered a rare opportunity for offenders to connect with the community by donating items. According to Newcomers, the OT program brought additional resources for creating more robust special events. Access to some hygiene and grooming items during groups sessions were said to be motivating for some offenders and promote improved hygiene. Finally, a Newcomer conveyed the OT staff as a helpful additional support to the clinical staff team. “More people have learned about OT and are curious

about its role…Many accept OT in their environment as a mental health addition to their staff."

Uncontrollable factors: from hailstorms to hope. Even uncontrollable factors such as the weather were indicated within the list of influences on occupational participation. Specifically, Insiders described how weather occasionally limited movement from the dorms and access to classes and recreation. The concept of weather or a storm also served as a metaphor for the many irrepressible challenges experienced by offenders. A Newcomer described the intensity of challenges: "I knew the population had needs – the need to be acknowledged as human beings, but the need was bigger than I ever anticipated. I had no idea…The need was overwhelming."

Among the stormy challenges, Newcomers credited the OT program with providing a source of hope. "You can see the hope on their faces…They talk about having hope and they say it at the graduation ceremony. 'I have hope now'." Another Newcomer highlighted this hope by stating, "They have better motivation and curiosity to continue exploring the world around them. They feel more connected to important aspects of their life." The program intervention was reported by a Newcomer to have revealed the individual personalities and improved self-confidence of the offender participants in comparison with a "group mentality where they are being shuffled from place to place." This growing optimism was also described as being experienced by staff members, in addition to the offenders, and thus impacting the culture of the facility as described by a Newcomer:

> The officers are also more hopeful that the program will make a difference. They have seen we [OT program staff] are there every day and have stayed. They [security officers] are one of the main ones who have seen the offenders come back over and over and they want to see them have a better life.

Impact to Future Directions

The final identified domain of impact pertained to the manner in which the program was facilitating future directions. It was acknowledged by Newcomers that although much had already been accomplished with the OT program, there were still challenges to be addressed and constructive growth to be pursued. The primary themes representing future opportunities included those related to providing additional supports for successful community re-entry, vocational readiness, and collaborative efforts.

From survival to support. The need was expressed by Newcomers to transcend the idea of simply giving offenders information and tools so that they can "survive" in the future but rather engage in the provision of practical help during the transition from prison to the community. "We have to back-up what we're doing with real support in the community…The biggest concern of the inmate getting out, when you ask them, is being afraid of new situations." The types of desired practical supports identified by Newcomers were transitional housing, securing social services, and matching volunteer mentors with releasing offenders. The mentors were described as being a person who could "fill-in the gaps where services are lacking or there is a need specific to the offender. They are someone the offender can rely on until she gets on her feet."

The OT program within the prison was perceived by Newcomers to be an essential component to facilitating a more seamless transition of the offender to the supportive services in the community. Newcomers expressed the desire to develop the current services of the OT program to include more opportunities for individualized consultations that encompass a range of medical and other health conditions and provide more resources toward certain therapeutic crews such as the cooking and technology crews. A Newcomer relayed the example of being able to implement important functional literacy interventions with the addition of tablets (i.e., iPad).

From empty to employment. Re-entry support was also stated by Newcomers to include viable opportunities for work or work readiness. Newcomers expressed the desire to go beyond an external programming expectation of "keeping offenders busy" to being recognized for the program's genuine mission as a therapeutic intervention facilitating valuable and productive skills for living. Newcomers communicated an aspiration for OT programming to continue to advance in its ability to expand opportunities that prepare offenders for work. For example, a Newcomer narrated a vision for the program being able to match releasing offenders with jobs at partnering businesses and provide a specific, simulated work experience that would pre-train offenders while incarcerated. An Insider presented an idea of implementing a form of token economy for offenders, particularly those who were indigent, to earn and manage credit that could be utilized to purchase certain items (e.g., hygiene supplies) from commissary. Finally, the ability to

provide additional, enhanced experiences to offenders that connect them with fulfilling an altruistic role in the community was distinguished as a key therapeutic ingredient.

From clash to collaboration. The majority Insiders and all Newcomers expressed the expectation that the OT program be a part of an interdisciplinary team of coordinated offender care and the importance of a consistent and ongoing OT presence at the facility. Despite periodic challenges with the integration of OT services among clinical and security staff (e.g., the "adverse event"), Newcomers expressed that dynamics had improved over time and the belief that, with regular communication and reliable action, mutual understanding and collaborative efforts would continue to advance.

> OT is accepted in this environment…We need to continue in open communication and discussion of progress with all involved parties…It is important for us to resolve issues as soon as it happens and not wait until the last moment when it may be too late.

Insiders and Newcomers concurred that with such a complex and inordinate need, the collaborative efforts of a vibrant and multidimensional team was essential.

Chapter IV presented the quantitative and qualitative results of this study that evaluates the impact of an OT program for incarcerated women with IDD. Both quantitative and qualitative outcomes supported a positive impact on the participants and the greater occupational context. Chapter V will specifically describe the outcomes, limitations, future directions, and conclusion of this study.

CHAPTER V

DISCUSSION AND CONCLUSION

This research systematically examined the outcomes of an occupation-based program for incarcerated women with IDD. This chapter presents a discussion of the key findings in relation to the study's descriptive outcomes and research questions, the implications of these findings, the limitations of the study, future research directions, and concluding comments.

Impact on Occupational Performance and Participation

The results of this study reveal a significant impact on the occupational performance and participation of offenders engaged in an OT intervention within a relatively brief amount of time. The descriptive data was consistent with initial assumptions that the target population exhibited or experienced complexities related to cognitive impairment, diversity of ages, racial imbalance, range of criminal and social histories, record of recidivism, limited education, and occupational deprivation. Complexity of offender characteristics and circumstances, including occupational deprivation, is found in CJ literature (Falardeau et al., 2015; Munoz et al., 2016). Not expected in terms of offender participant characteristics, were the relatively unremarkable functional cognition scores via the Kettle test, despite known intellectual impairment. This result could be due to the method utilized to administer or score the test or support that some individuals with IDD can perform in certain real- world, functional

contexts at a higher level than IQ would indicate (Heartl, 2014). Additional unanticipated findings related to offender participant characteristics included the scarce number of years (one year or less) that most had been at the target facility and at least a third of offenders with projected release within 2 years. This discovery potentially elevates the urgency to provide efficient and effective interventions that have the capacity to better prepare the offender for release. This is an urgency also communicated across the OT and non-OT criminal justice literature (Farnworth & Munoz, 2009; Latessa et al., 2014).

The descriptive results of the OT intervention indicated it is an efficient process for providing valued services to eligible offenders. More offenders completed the intervention within the study's timeframe than projected. In fact, at the beginning of the second and last phase of crews implemented during the study, all available and eligible offenders received the intervention. It was not originally anticipated that offender participants would have the opportunity to begin and complete a second phase of the intervention during the study period, but there were available crew openings largely as a result of the OT staff's efficiency in scheduling to accommodate multiple simultaneous crews. In such an environment with a variety of uncontrollable and restrictive factors (Crabtree et al., 2016), the possibility of needing to dissolve or reorganize crews or groups is realistic; however, all therapeutic crews were implemented to completion with minimal session cancellations. Overall participant completion and attendance rates were respectably high, implying the popularity of and value held for the program. This finding

adds to other criminal justice OT programs found to generally incentivize participation and support the value of occupation-based interventions (Eggers et al., 2006; Fitgerald, 2011; Stelter & Whisner, 2007; and Vollm et al., 2014).

Finally, although representing a succinct timeframe of approximately six months, the effectiveness of the intervention is supported by the finding that there is no known occurrence of recidivism pertaining to released participants who completed the OT intervention by the end of the study period. The first year post-release is reported in the literature to be critical due to its relatively high rates of recidivism (Eggers et al., 2006); therefore, even initial outcomes of no recidivism could denote a promising indication. The following paragraphs further summarize the impact of this study's intervention in explicit relation to the research questions.

Generalization of Performance Skills

The first research question inquired as to how program participants and the delayed intervention control group differed in term of adverse behavioral incidents (i.e., "cases") utilizing a stepped wedge randomized control (RCT) design. The study's findings of a statistically significant difference in "cases" pre- versus post-program enrollment indicated that the OT intervention improved offender behaviors within a relatively short amount of time. Program participants were virtually case-free once beginning the program, and this was maintained for those who participated in two consecutive intervention phases and the few participants that had true post-intervention time period. The ability and willingness to maintain this level of behavioral self-

regulation supports the program's impact on offenders' generalization of performance skills. The generalization of an adaptive response across contexts (e.g., from the OT session to the dorm, recreation yard, chow hall, job site, or community) is an imperative achievement for enduring behavioral change (Schkade & McClung, 2001).

This result was also reinforced by the qualitative analysis where staff participants highlighted the offenders' intentionality with managing and improving their behaviors so that they could continue to participate in the program. It appears that the opportunity to pursue meaningful and purposeful occupations can have a tempering effect on undesirable offender behaviors. This is a finding corroborated by other occupation-based programs for individuals with challenging behaviors (Schultz, 2003; Stelter & Whisner, 2007).

The Adaptive Response

The results of the within-participants repeated measures, connected with the second research question, indicated statistically significant improvements in three of the four areas related to changes in occupational performance and participation over the time of intervention. These findings suggest that this 12-week OT intervention was effective in promoting an adaptive response within offenders that included the quality and generalization of performance skills and level of engagement or self-initiated action. The most significant progress was captured by the changes in offender participants' Goal Attainment Scaling (GAS), Volitional Questionnaire (VQ), and Social Profile (SP) scores. Group-based interventions can present challenges related to individualizing

outcomes (Cole, 2018); however, the use of GAS captured the OT interventions' capacity for promoting individual improvements in areas of

- prosocial adaptive response behaviors (social participation, emotional regulation or coping, performance behaviors, and problem solving or decision making);
- relative mastery (self-esteem and perceived competency); and
- desire for mastery (motivation).

Participants who demonstrated progress within fundamental performance behaviors that met the expectations of the occupational environment gained promotion from trainee to advanced trainee within meaningful roles. The results indicated that more time than the 12-week intervention was needed for offenders with IDD to advance to higher role demands such as the apprentice and master craftsman roles. The need of individuals to have additional time and supports to maximize their capacity for experiencing valued opportunities is well supported in the literature specific to adults with IDD (Heartl, 2014; and Mahoney et al., 2016). The creation of a new role – advanced trainee – by the OT staff, exemplifies their commitment to recognize and reinforce offenders' progress while maintaining high expectations for role advancement and not marginalizing the population.

The significant improvement and large effect size in VQ and SP ratings over time further supports the OT intervention's effectiveness for promoting the occupational participation of offenders with IDD. Higher VQ ratings were found to be correlated with

offenders with a higher IQ and GAS rating, signifying consistency of outcomes among higher functioning offenders. While occupational engagement, participation, and collaborative behaviors substantially improved among offender participants, scores still revealed limitations in competent volitional behaviors and mature social dynamics. A high level of performance and product, the independent assumption of a variety of group roles, a balance of work and social interaction, and the ability to discuss serious topics characterize mature social dynamics (Donohue, 2013). The finding regarding continuing limitations is consistent with literature that describes the ongoing need for supports for individuals with IDD even with improvements in independent functioning (Channon, 2014).

The relative mastery ratings did not capture a statistically significant difference in offenders' perceived efficiency, effectiveness, and satisfaction over time; however, the challenges of evaluating this concept were recognized prior to beginning the study and described in the literature (George et al., 2004). Despite this result, relative mastery ratings were generally high, indicating that offenders were primarily satisfied with their performance, and fluctuations appeared related more to discontent with external circumstances rather that an evaluation of their occupational performance during the day's session. This hypothesis is supported by qualitative findings signifying that most offender complaints were related to situations occurring outside the group context; when referencing their performance, comments mostly represented a since of pride and accomplishment. Although not statistically significant, the ability to provide a complex

population in a difficult environment with a demanding intervention that result in consistently high satisfaction rating is a testament to the effectiveness of the intervention.

A final comment in relation to the second research question outcome is that the results suggested that all of the therapeutic crews involved in this study had a similarly positive impact despite the varying nature of their central activities. This may imply that the mechanism of change was not specific to the crew's activity of focus (i.e., crafts, horticulture, technology, etc.), but the key therapeutic ingredients that were consistent across the crews:

- meaningful, prosocial occupational role-shifting experiences;
- graded, just-right challenges;
- assistance only to the point necessary;
- novelty of tasks and contexts;
- objective, non-judgmental feedback; and
- tangible products contributing to the immediate or community environment.

The effectiveness of these therapeutic components is also supported in other occupation-based programs described in the literature (Schultz, 2003; Schultz, 2013).

Performance Patterns and the Occupational Environment

In reference to the final research question, qualitative analysis addressed the impact of the OT program on the routines, activities, and habits (i.e., performance patterns) of offender participants and impact to the occupational environment. These findings, from the perspective of staff participants, corroborated quantitative results

related the improved occupational performance and participation of offenders with IDD. The OT program was inferred to be a holistic and effective intervention for improving offender performance behavior that further impacted both quality of life while incarcerated and preparation for community re-entry. This is the type of desired evidence called for within the research recommendation of the major OT in CJ literature reviews (Hitch et al., 2016; Munoz et al., 2016; O'Connell & Farnworth, 2007). The results suggested that the roles, routines, and habits of offenders were positively impacted within a brief amount of time. This is a desired effect considering the powerful and lasting influence that these occupational performance patterns can have on quality of life and future function (McQueen & Turner, 2012). The outcomes reflected staff participants', particularly the Newcomers', ability to distinguish the effectiveness of the intervention to promote increased independence, empower altruistic acts, facilitate learning of valued topics, inspire behavioral change, and compensate for personal challenges.

The findings also extended the impact from the offender alone to likewise include the greater occupational context. The program's aspiration to positively influence the correctional environment is logical in light of research, such as that conducted by Stoller (2003), which highlights the systematic barriers often experienced by offenders and staff in regards to correctional health care. Despite pre-existing knowledge of prison's challenging institutional environment, several adversities related to integrating the OT program into the prevailing facility culture exceeded expectation. In addition to the "adverse event," some lines of communication between stake holders were strained

post-program implementation and leading up to the adverse event. Consistent with the start-up of a new program or service, concerted efforts were required to communicate expectations and intentions and develop policies and procedures that met the needs of all parties. The Radford and Patricia Crocker Rehabilitation and Reintegration program is the first project of its kind in which an outside private funder implemented a program within a Texas state prison and was actively involved in its operation. This innovative approach resulted in significant complexities regarding the forging of lines of communication and collaborative efforts.

Notwithstanding these challenges, the OT intervention was suggested to be successful in addressing several systemic barriers to participation - enhancing program resources and access to services, including a meaningful work role, without stringent behavioral contingencies - while imparting a sense of hope and offender productivity into the institutional culture. Offender access to a valued work role, consistent with the literature (Cox et al., 2014), is a therapeutic function that appears to be unswervingly supported across all stakeholders, including the offenders themselves.

Implications

This research provides a successful template for designing, implementing, and evaluating holistic, occupation-based OT services for individuals with IDD in a secure criminal justice setting from an OA framework. Figure 10 exemplifies an abbreviated synthesis of the study's findings, which inform an OA practice framework for the incarcerated IDD population and CJ setting. The dysfunctional press for mastery, often

found in the prison setting and depicted as occupational deprivation and marginalization, is addressed with the listed key therapeutic ingredients to facilitate a restorative occupational challenge. The resulting adaptive response includes several meaningful outcomes, illustrated surrounding the adaptive response box in Figure 10. The outcomes listed on the left side the figure further impact the offender in a positive manner, and the outcomes listed on the right side of the figure further impact the occupational environment in a positive manner.

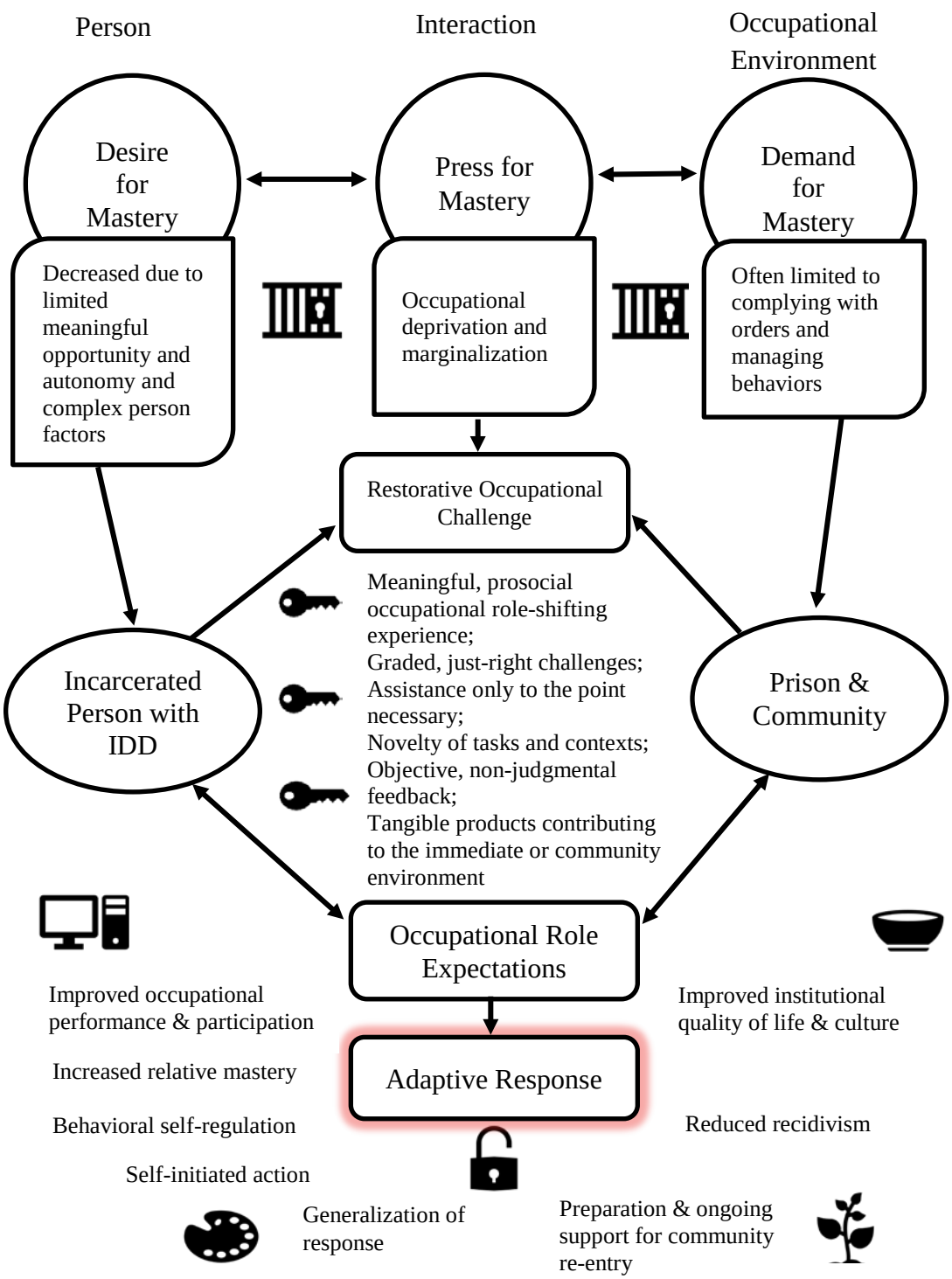


Figure 10. Occupational adaptation practice framework for the CJ setting.

This dissertation is one of the very few known studies in OT that specifically address the incarcerated IDD population (Christie et al., 2016; Cox et al., 2014; Smith et al., 2010; Withers et al., 2012), that is specific to women (Baker & McKay 2001), and is based in the US (Munoz et al, 2016). In addition to the key therapeutic ingredients, the study implies several additional approaches for occupational therapy practitioners to utilize when working specifically with the incarcerated IDD population: multimodal learning experiences and prompts, repetition, encouragement in overcoming motivational barriers, modifying the cognitive demand of materials, consistency of routine, slowing of pace, simplification of instructions, and hands-on practice alongside others (i.e., co-occupation). Many of these learning strategies for offenders with IDD are substantiated in works, such as Taylor & Morrissey (2012), which suggested that cognitive behavioral interventions include a slower pace, accessibility of materials, repetition, and practical experiences. Practitioners working with incarcerated women are encouraged to select occupations that are consistent with valued gender roles and take into consideration the need for trauma-informed care. These findings encourage criminal justice stakeholders in the US to consider regular inclusion of occupational therapy as a regarded constituent of the clinical provider team and an option to address the deficit in provider resources.

This study was unique in its use of a rigorous research method in comparison with many of the published studies of OT and non-OT program outcomes in criminal justice settings (O'Connell & Farnworth, 2007). The use of a RCT is not found in the OT criminal justice research and virtually non-existent in the non-OT literature. Much like

the existence of inherent barriers to meaningful occupation within the CJ environment, such characteristic challenges often extend to conducting research in this same environment. Consistent with aspects of the AOTA/AOTF research agenda (2011) for manualized, occupation-based, theory-driven program effectiveness studies, this investigation's target program and program evaluation method can be utilized as a guide to design OT interventions and program evaluation plans in other CJ facilities. The OA-centered goal bank combined with GAS that was used in this research demonstrates noteworthy promise as a reproducible method to ground programs and outcome evaluation in evidence-based theory. In addition, the stepped wedge RCT design displayed firm potential in elevating the research rigor for the rollout of CJ programming where multiple factors are initially unknown and outside the researcher's control and the vulnerability of the population is significant. This design method efficiently and effectively afforded a research control group that is typically not often found in the CJ program research literature.

Limitations

This dissertation research has several limitations. First, the participants were recruited from a single facility within one state; therefore, the findings most directly represent those with similar demographics (e.g., incarcerated women with IDD) and context (e.g., designated IDD program within a state prison in the southwest region of the US). There were a small number of staff participants due to the relatively limited program staff size. Second, information related to the potential influence of a mental or

other medical illness was not readily available. These factors could have been important for understanding individual outcomes.

There were unanticipated deviations related to the original research methods and the "adverse event." In relation to the stepped wedge RCT methodology, only one measure was utilized, and with such statistically significant results, the need to consider the influence of confounding variables is indicated. The addition of another behavioral outcome measure could assist in validating the source of such significant positive behavioral change. For example, after program implementation, the PI became aware of a tiered system of consequences for adverse behaviors that may precede receipt of a formal case. These documented consequences could have been utilized to substantiate the impact of the program on behavioral change. Without such measures, the influence of potentially confounding variables cannot be ruled out.

A second design deviation was that 21 offenders participated in two consecutive intervention phases during the study timeframe due to the OT staff's efficiency in providing available opportunities. In relation to the "adverse event," the study timeframe was shortened by several months and not all staff participants involved in the pre-intervention interviews was accessible for the interviews completed at the end of the study.

These unforeseen divergences did not prohibit the capacity of the research method to capture valuable program outcomes; however, the evaluation of true post-intervention follow-up measures, such as recidivism rates several months or years post-release, were

inhibited by the design. Also, the staff participant interview data was subject to response bias as it represented the perspectives and experiences of some of those most vested in the daily operations of the OT program (i.e., the Newcomers). This researcher's potential bias, as the program designer and evaluator, is also recognized despite the inclusion of several valid and reliable trustworthiness techniques. A final research limitation relates to the use of several research measures that were not specifically validated for this unique population and context; however, the VQ, GAS, and SP demonstrated valuable utility as an outcome measure in this study.

Future Research

Future research should focus on the OT program's outcomes after a lengthier period of operation in order to capture the longer-term impact. For example, a follow-up study several years from now could provide program impact information related to recidivism rates and capacity to generate and bridge supports from the prison to the community upon re-entry. With implementation of recommendations associated with enlarging community-connected and work simulation projects, research should capture the impact of these program improvements. In addition to cases, which were fewer overall than originally projected, other behavioral sanctions or indicators (e.g., temporary restrictions not associated with a formal case) may provide enhanced evidence as an outcome measure. The limitations of research measures alludes to the need for researchers to develop ecologically valid, occupation-based measures for various criminal justice populations and settings in order to facilitate their utility for practitioners

developing and implementing CJ programs. As indicated in this study, for example, a method to more reliably capture the relative mastery of less insight-oriented populations is needed. The information gained by using new, specially developed measures for program evaluation could then be disseminated to further advance the impact of OT intervention and advocate for a consistent, amplified role with the population and setting.

With a plan to utilize the findings of this study to develop and expand OT programming to other facilities with incarcerated individuals with IDD and to specific post-release and criminal diversion community support services, future research is needed to systematically evaluate the outcomes of these efforts. This research could further develop best practice models for OT and programming that more effectively addresses the issues of community re-integration, prosocial occupational participation, and the prevention of recidivism. With such an imposing societal challenge, effective and congenial collaboration among professional stakeholders is essential. In consideration of sometimes divergent environmental or workplace cultures and individual perspectives, stakeholders concerned with justice (criminal, social, and occupational) would benefit from research that contributes to understanding how to more effectively collaborate and reduce systemic barriers.

Conclusion

This study systematically evaluated the impact of an occupation-based program for incarcerated women with IDD utilizing a mixed methods approach. The findings suggest that the 12-week OT program, grounded in occupational adaptation and

participatory occupational justice theory, was successful at promoting the occupational performance and participation of offenders with IDD through the provision of meaningful work roles. Performance behaviors were improved in quality and generalized beyond the intervention setting; engagement or self-initiated action increased; relative mastery (i.e., perceived efficiency, effectiveness, and satisfaction) was remarkable; and the occupational environment was constructively influenced. This dissertation work responds to the call for evaluating manualized, theory-driven occupational therapy services within the U.S. criminal justice system for a complex population that is occupationally deprived or marginalized across multiple characteristics (e.g., incarcerated, female, IDD). Occupational therapy, when included in a collaborative professional care team, has a substantial role in addressing the health quality of life and community re-integration needs of incarcerated individuals with IDD.

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APPENDIX A

Radford & Patricia Crocker Rehabilitation & Reintegration OT Manual

Table of Contents

SECTION 1: PROGRAM DESCRIPTION

The RPCRR is a pilot program funded by the Patricia and Radford Crocker Foundation. The RPCRR works in collaboration with the Developmental Disabilities Program (DDP) at this site to provide services, specifically occupational therapy services, to the population of offenders with intellectual disabilities, pervasive developmental disorders, and/or other cognitive impairments.

Program History

Radford Crocker, born on November 5, 1922 in America, Oklahoma. Radford joined President Roosevelt's Civilian Conservation Corps in October of 1937 at 16 years of age, and then became a career serviceman in the Army Air Corps during WWII, retiring as a Major. During Radford's 24 years of military service to our great country he received many decorations among them were the Purple Heart. Following his service in the military, he spent several years in the apparel industry with Nardis Corporation in Dallas, Texas, followed by commercial real estate with Henry Miller companies. In the early 90's, Radford became a successful business owner in the healthcare industry. Mr. Crocker introduced Preferred Care Developmental Centers of Mississippi and Florida that served the population of individuals who had been diagnosed with Intellectual and/or Developmental Disabilities (ID/DD). The ID/DD Program provided a highly-structured, safe, supervised "home-like" atmosphere that met the needs and provided the support for each individual to maximize their potential to live as independently as possible. Since many individuals would reside in the ID/DD facilities from youth until old age, the facility became a true home and the staff became a second and sometimes only family for some individuals. Mr. Radford Crocker was a pioneer in this area and very instrumental in developing and introducing this concept to the ID/DD population in Mississippi and Florida. In addition to providing a home-like environment with person center support services, a broad range of other services were also offered to meet the complex needs of the individual such as medical, dietary, psychological, vocational, and social needs. Mr. Crocker's goal was to assess what the individual was capable of doing, to provide support to the individual to maximize their potential, and to do so with professionalism and compassion.

Rad Crocker also had a great concern for the interaction of individuals with intellectual disabilities within the criminal justice system. His wife, Patricia Crocker, championed this cause through advocating for social changing legislation in Texas. House Bill 2189 was introduced by Representative Tan Parker and passed in 2015 by the 84th Legislature.

This Act is cited as the "Radford Crocker Memorial Act". It codifies into state law a mandate to TDCJ to maintain a program for offenders with intellectual disability or borderline intellectual functioning and impaired adaptive skills. Moreover, the program must provide for the offender's safety and include specialized programs, treatment and activities to assist the developmentally disabled offender.

Mrs. Crocker is facilitating this current initial pilot program at the Crain Unit as a part of her mission to provide a variety of services for the ID/DD population in contact or at risk for contact with the criminal justice system. Future goals include similar prison-based programs at other facilities that house this population, community-based re-integration centers to address the needs of offenders upon release, and also diversion programs.

Purpose

The purpose of the RPCRR occupational therapy program is to maximize the capacities of offenders in regards to self-responsibility and prosocial participation through the provision of opportunities for purposeful activity and healthy occupations. All interventions are directed at facilitating the successful community re-integration of offenders with intellectual and developmental disabilities.

Target Population

The RPCRR occupational therapy program is designed to provide interventions to offenders with dual diagnosis, intellectual disability, borderline intellectual functioning, pervasive developmental disorder, dementia, or other cognitive or psychological condition (i.e., Axis I or Axis II disorder) that impacts occupational performance.

The population of focus would include offenders experiencing challenges in participation within the following occupational areas:

- Activities of daily living (e.g., bathing, toileting, dressing, self-feeding, functional mobility, hygiene and grooming)
- Instrumental activities of daily living (e.g., caring for others, child rearing, communication management, community mobility, financial management, health management, home management, meal preparation, religious expression, safety maintenance, and shopping)
- Sleep hygiene
- Formal or informal educational exploration or participation
- Work or volunteer exploration or participation
- Leisure exploration or participation
- Social participation (AOTA, 2014).

*Some of the listed occupations involve activities that are not available as opportunities within the prison setting; however, as they may be an expectation of the offender upon

release into the community, they are listed as relevant considerations for determining the target population.

These challenges in occupational performance could be attributable to limitations, differences, or barriers in the following areas:

- Personal values and beliefs (e.g., antisocial values)
- Mental functions (e.g., attention, memory, perception, emotion, temperament, energy and drive)
- Sensory functions (e.g., vision, hearing, pain)
- Motor skills (e.g., endurance, strength, movement)
- Process skills (e.g., selection, initiation, sequencing, continuance, organization, and termination of actions associated with a task)
- Social interaction skills (e.g., expressing needs, reciprocal communication, attention of proxemics, boundary setting)
- Performance patterns (e.g., habits, routines, roles)
- Context or environment (e.g., cultural issues, personal context, temporal context, physical environment, social environment).

The offender's level of motivation will be considered during the evaluation process and the offender's right to decline participation honored.

Exclusion Criteria:

- behavioral precautions requiring restriction to cell/dorm
- unmanaged hallucinations, delusions, mania, depression, or behaviors limiting ability to perform basic program/group expectations for participation and socialization
- recent history of aggressive behaviors such as assault, fighting, and/or self-injury
- acute suicidal or homicidal ideation
- active infectious disease

Personnel & Collaboration

The RPCRR includes onsite occupational therapy practitioners and offsite consultant. See Addendum A for a detailed description of these roles.

Onsite Occupational Therapy Practitioners: The onsite OT practitioners will implement the program's services on a daily basis in collaboration with the program consultant. Duties will include: offender screening and assessment, developing individual intervention plans, planning group interventions, scheduling and provision of group and individual interventions, documentation of services and outcomes, collaboration with case managers regarding transitioning planning, and staff training and consultation.

Occupational Therapist Program Consultant: An occupational therapist PhD student will collaborate regarding the program's design; procedures for implementing services; and collection, analysis, and dissemination of outcomes. Involvement might also include: conducting offender screening and assessment, collaborating with onsite practitioners and staff for program development and implementation, data collection, implementation or coordination of research/program evaluation protocols, and staff training.

Collaboration with all DDP staff, both program and correctional, is an essential component of the RPCRR. This collaboration is imperative for the success of program outcomes and the safety and security of the work environment. A representative of the RPCRR staff will participate in relevant team meetings associated with the provision of services (e.g., care plan meetings).

Philosophical and Theoretical Foundation

Development of the RPCRR is guided by the philosophical assumptions of occupational therapy practice, occupational justice, and the occupational adaptation practice framework. The overarching domain and process of occupational therapy is to facilitate the achievement of health, well-being, and participation in life through engagement in occupation (AOTA, 2014). Occupations are the aspects of life that people want or need to do (Wilcock & Townsend, 2014). Occupational therapists evaluate factors that promote or inhibit occupational participation. Intervention then focuses on creating opportunities that facilitate the individual's participation in meaningful occupation. The desired outcomes of occupational therapy intervention involve quality of life, participation, role competence, well-being, and occupational justice (AOTA, 2014). Occupational justice is centered on facilitating access to and participation in a full range of meaningful and health-promoting occupations for persons who are traditionally excluded or limited in such pursuits by factors beyond their control (Townsend & Wilcock, 2004). Interventions focus on capitalizing upon the personal strengths and desires of the individual (i.e., client-centered and strengths-based) to overcome barriers and satisfy personal and societal needs. These philosophical underpinnings guide the development of the RPCRR in order to promote the occupational participation of offenders with intellectual and developmental disabilities.

Founded on the essential beliefs of the occupational therapy profession, the occupational adaptation practice model is instrumental in establishing the assumptions, rationale, and intervention approach of the RPCRR. Occupational adaptation guides the therapist in strategies to assess and promote the adaptive capacities of individuals as they respond to occupational challenges (Schkade & Schultz, 1992; Schultz & Schkade, 1992; Schkade & McClung, 2001). See Addendum B for a description of these guiding principles applied to the RPCRR population.

A final undergirding theory to the RCRP development is the transtheortical model of behavior change. This model assesses an individual's readiness to act on a new, healthier behavior and provides strategies to facilitate progress along the stages of change (Scaffa, Reitz, & Pizzi, 2010). Using this framework, it is acknowledged that offenders are at various stages of readiness for pursuing healthier, more prosocial behaviors. The RCRP is designed to work with the offender within her current state of readiness while looking to facilitate the offender's growth toward consistent prosocial behavior.

Overall Objectives

- Offenders will participate in the occupational therapy assessment process to determine service needs for the development of an individualized intervention plan.
- Offenders will demonstrate increased ability to adapt to psychosocial, environmental, and cognitive performance demands within relevant and meaningful occupational roles.
- Offenders will collaborate in the completion of a written community re-integration plan that addresses individual transition needs.
- Offenders will indicate an increased perception of efficiency, effectiveness, and satisfaction pertaining to occupation performance.
- Offenders will demonstrate increased participation in prosocial life roles, interactions, and behaviors.

Overview of Program Components

This section provides an overview of the major program components. More detailed protocols for the assessment process and intervention groups are provided further in this document.

Assessment & Intervention Planning: Offenders who are eligible for participation in occupational therapy programming will receive an individual assessment to determine baseline strengths, needs, functioning, and therapeutic goals. The assessment will include evaluation of sensorimotor, psychosocial, and cognitive processes that facilitate or challenge the offender's ability to pursue full participation in prosocial roles.

Interventions:

- *Occupational Therapy Workshop:* This group will provide a therapeutic, supported work environment that prepares participants for prosocial roles in the community. It aims to awaken the offender's capabilities and motivation through opportunities to actively participate and produce goods that contribute to the social fabric of the local community. The offender will be assigned to one of several possible therapeutic work crews. Crews to consider implementing include: gardening, handmade crafts, kitchen, computer (IT), and janitorial. Existing supplies and resources will inform which therapeutic crews to implement

first. Within the assigned crew, the offender will begin as a Trainee. With progress in identified areas of independent functioning, performance behavior, social skills, and technical skills, the offender will have opportunities to advance to an Apprentice then Master Craftsman level. Opportunities to contribute to the internal or external community will be an essential component of each work crew. For example, the handicraft crew might provide their products to an agency that serves a disadvantaged population. The gardening crew might contribute to the aesthetic and nutritional needs of the unit.

- *Wellness & Self-care Groups:* This group will provide opportunities to build habits that promote health and well-being in key areas that impact successful community re-integration and participation. Content will include physical activity, nutrition, hygiene, stress management, avoiding substance use, health self-management, and social participation.
- *Re-integration Planning & Living Skills Groups:* This group will focus on the development of individual community re-integration plans and opportunities to practice related skills. Content will include areas such personal goal setting and implementation, activities of daily living, communication management, community mobility, identification of community and personal resources, financial management, health management, home establishment/ management, meal preparation, parenting, spiritual expression, personal safety, shopping, sleep hygiene, educational participation, employment pursuit, volunteer participation, leisure participation, and social participation. There is an emphasis where appropriate on the use of technology within these activities.
- *Monthly and Seasonal Events:* The occupational therapy staff will collaborate with the facility staff in coordinating and implementing facility-wide events such as activity days and special projects. These events will provide meaningful, therapeutic opportunities for eligible offenders to participate in motivating and productive activities within a positive social milieu.

Staff Training & Clinical Consultation: The occupational therapy staff will provide educational presentations to clinical and correctional staff and community groups addressing the occupational needs of individual or groups of offenders with cognitive and mental health needs. The occupational therapy staff will be available to consult with clinical staff and other care providers as a part of an interprofessional team addressing service needs.

Program Evaluation: Ongoing program evaluation and development will facilitate program refinement and inform future expansion. The occupational therapy staff will design a protocol for collecting and evaluating specific individual and overall program outcomes. The results will be organized and disseminated to key informants. The details of the initial program evaluation protocol are found in the RPCRR Program Evaluation Manual.

Program Schedule & Group Procedures

See Addendum C for a sample weekly group schedule. This example assumes 2 full-time OT practitioners. It does not reflect the necessary time that will also be needed for treatment team participation, assessments, intervention planning, documentation, and upkeep of the therapeutic environment. This example would accommodate approximately 32 – 72 offenders per week for the OT workshop and 32 – 48 offenders per week for the Wellness or Life Skills groups. It also reflects each of these offenders participating in 2 – 4 group sessions per week. The occupational therapist is responsible for creating or overseeing the creation of the weekly programming schedule. The RPCRR follows the policy and procedures of the facility for scheduling an offender for a group (i.e., the lay-in procedure) and the transition of offenders to/from groups. See the RPCRR Program Evaluation Manual for the process of initiating program services. For example, when initiating the program, the OT Workshop will be the primary focus of intervention.

Group Size: The number of offenders per group session will vary based on the participants' needs, the therapeutic objectives of the group, and the supervision and safety considerations of the context. Most groups will have an ideal size of 8-15 offenders. Co-facilitated groups may be able to accommodate additional offenders. Groups consisting of offenders requiring more individual instruction, assistance, and direct supervision will be kept smaller in size.

Group Length, Frequency, & Duration: Group sessions will be 1 – 3 hours in length. Groups lasting one hour will be most typical for wellness and life skills groups were more cognitive processing may be involved. Activity and project-centered groups may last 1.5-3 hours. Most groups will involve a frequency of two sessions per week. The duration of a wellness or life skills group is approximately 8 weeks (2 sessions/week) and an OT workshop group is 12 weeks (2 sessions/week). At the end of this duration the OT evaluates the need to discontinue or continue with this group. With discontinuing a group, a new 8-12 week section of the group would begin upon recruitment of new participants. Some previous participants may be involved in the new group.

Use of Space: The OT staff will collaborate with other clinical and facility staff on the availability and use of space. The facility's procedures for requesting and utilizing space will be followed. Space needs are determined by the number of offenders needing services and can be therapeutically and safely accommodated within a group, the types of therapeutic activities occurring within the group, and the availability of space. Considering the sample schedule and types of groups provided within this document, a larger indoor space is needed to optimize the operation of the OT workshop. For example, this group will involve multiple activities occurring simultaneously and use of various supplies and equipment (e.g., a computer crew and 2-3 different handicraft crews

could be working within the same area). Space is needed to accommodate this activity and movement in an efficient, effective, and safe manner. The OT workshop will involve the use of computers for instructional use and skills training and will thus require space to accommodate this equipment. This group will also utilize outdoor space at times (e.g., horticulture crew). The wellness and life skills groups require a space to accommodate 8-15 offenders with table space. These groups will also involve supplies and movement (e.g., space to perform role playing activities). A larger indoor or outdoor space may be needed at times for groups focusing on exercise.

With the availability of two spaces simultaneously, the two OT practitioners can maximize the therapeutic opportunities for offenders and the number of offenders that can be accommodated by the program. The proposed service delivery depicted in the sample schedule in Addendum C would require the availability of two separate spaces at times in the morning and afternoon.

Safety and Security

The RPCRR follows all of the facility's policies and procedures related to safety and security measures. The safety and security of staff and offenders is of upmost of importance. This pertains to a variety of factors including, but not limited to, the use of therapeutic boundaries, open and professional lines of communication with staff, supervision of offenders, the reporting of significant incidents, and tool/supply control.

Tool/Supply Inventory & Control: The storage, inventory, and utilization of tools in a safe and secure manner is of upmost importance. All supplies and equipment must go through proper channels for approval before being brought onto the unit. The occupational therapy staff is responsible for the creation and maintenance of an inventory list that catalogs all therapeutic tools and supplies. There is a separate inventory, check-out list, and storage procedures for items deemed hazardous (e.g., sharps, metals, flammables). All such tools will be

- identified (e.g., engraved number)
- located in a locked storage container within a secured room (flammables within a flammables cabinet)
- organized in a manner to easily identify missing items (e.g., use of shadow boards, specialized containers)
- kept with the inventory list that includes the type of tool, identification number, quantity of the type of tool, an area for staff to sign out and sign in, and a staff signature area after conducting a complete inventory of supplies post group
- signed in and out in an orderly manner by the OT staff when used during a group session
- checked-in when not in use (i.e., not allowed to remain unused on a table-top)
- removed from anyone not using the tool in a safe and secure manner

- supervised and monitored closely by the OT staff when in use
- contained to the group area and not permitted to leave the group area by an offender
- inventoried (i.e. complete inventory of all opened tool storage containers) by the OT staff at the beginning and end of the session before the group begins/is dismissed
- reported immediately if apparently missing and offenders who are present contained to the area until located or addressed by correctional staff
- disposed of using facility procedures if broken or no longer needed
- audited per facility policy to ensure that inventories are updated and procedures are being followed.

Additional measures may be indicated by the facility's tool control policies and will be understood and executed by the OT staff in order to insure the safety and security of the environment.

Supervision of Offenders: The OT staff, in collaboration with correctional staff, is responsible for the supervision of offenders participating in a group or individual sessions. Any violations of conduct will be reported using the proper channels. Therapeutic groups involving the use of tools would benefit from the additional presence and supervision of a correctional officer. The correctional officer is able to monitor offender behavior and tool use so that the therapist can attend to therapeutic interactions, instruction, and processes. The OT staff will use identified channels for requesting the presence of a correctional officer during group sessions.

Community Partners

Community partners include volunteer mentors, donors, OT workshop "customers", and students from professional programs (i.e., occupational therapy students). The strategic involvement of community partners adds an essential therapeutic component to the success of the RPCRR. All of the facility's procedures for involving volunteers and donations are followed by the RPCRR. The RPCRR staff is responsible for recruiting and coordinating appropriate community partners and ensuring the relevant policy and procedures are adhered to.

Volunteer mentors can share their unique expertise to train and support staff and offenders in a specialized skill much like the current pet therapy program. Another example is a specialist in horticulture providing time limited training to staff or offenders involved in the horticulture crew of the OT workshop.

Donors may provide supplies that can be used during therapeutic groups. For example, an individual or group may wish to donate fabric for the OT workshop to use to produce

blankets that will, in turn, be donated to a community charity such as a child fostering agency.

This example above leads into the involvement of the *OT workshop customer*. An essential component to the creation of a meaningful and therapeutic work role, which is the primary objective of the OT workshop, is the inclusion of a customer, recipient, or benefactor to the items produced. For example, prosocial altruistic motives can be awakened within an offender who realizes that the handcraft that she is making will be going to an elderly woman in the nursing home who has no social support. This is positively reinforced when the offender receives a de-identified thank you note from the elderly woman who received the item. A second example involves a business in the community who needs assistance in assembling the file folders they use in their business. This activity provides a simple and repetitive task that fits with the therapeutic needs of a group of offenders of a certain cognitive functioning; therefore, a file folder crew is provided as a therapeutic opportunity for offenders with a good fit with such an activity. A third example involves a benefit to the immediate community of the facility. The computer crew produces a positive and entertaining newsletter that is distributed to the unit. The horticulture crew produces a crop of peppers, onions, and tomatoes that is used by the OT workshop's cooking crew to make fresh salsa. This salsa is shared with those participating in the monthly activity day.

Occupational therapy students are graduate level students who can provide valuable contributions. They can create and donate therapeutic activities (e.g., assemble and donate several functional activity kits that are used by the OTs to train offenders in hygiene, laundry, money management, or other such tasks). They can conduct screens and assessment instruments under the supervision of an occupational therapist allowing the RPCRR to more efficiently place offenders within appropriate groups. They can develop and implement therapeutic interventions under the supervision of the OT practitioners. All of these activities add to the quality and quantity of services provided to the offender and the program.

Evaluation Process

The RPCRR includes procedures for initial, formative, and summative evaluation processes. These processes are designed to inform the development of individualized intervention plans and collect individual and program level outcomes. These outcomes communicate the progress of the individual and the impact of the program. Outcomes are used to inform changes to the offender's intervention plan and maximize the effectiveness and efficiency of the program. See Addendum D for a program logic model that was used to evaluate the current and potential inputs, activities, outputs, and outcomes. This table can be used to guide the collection of significant outcome measures. The following sections are general guidelines for the OT process. ***Refer to

the specific procedures outlined in the RPCRR Program Evaluation Manual for the initial program evaluation plan and documentation forms.***

Individual Evaluation: The occupational therapist will collaborate with the DDP staff to generate a referral list of offenders who are potentially eligible for RPCRR intervention.

- *Initial Evaluation:* The occupational therapist will prioritize the completion of the initial evaluations from the referral list with a goal to complete the initial evaluation within one week of referral. The initial evaluation will capture the offender's initial baseline occupational functioning and other information to guide the development of the intervention plan.
    - Components of the Initial Evaluation:
        - Occupational Profile:
            - Occupational history
            - Values and interests
            - Concerns related to engaging in occupations
            - Level of relative mastery within current occupational roles
            - Patterns of engagement in occupations (time use)
            - Baseline community re-entry plan
            - Baseline behavioral history (cases, etc.)

        - Analysis of Occupational Performance:
            - Performance capacities within activities of daily living and instrumental activities of daily living including performance skills and performance patterns
            - A review of person systems (i.e., client factors) impacting occupational performance: sensorimotor, cognitive, psychosocial
            - Environmental factors facilitating or inhibiting occupational performance
            - Primary strengths and problem areas related to occupational performance
            - Individual goals that address the desired outcomes
            - Intervention approaches to address the goals
    - Structured instruments:
        - Volitional Questionnaire: an observation tool that evaluates the individual's level of motivation for participation
        - Relative Mastery Scale: uses interview and observation to evaluate level of mastery within meaningful life roles and adaptiveness
        - OT Workshop monitoring checklist: uses a checklist format to document aspects of independent functioning, performance

behavior, social skills, and technical skills relevant to the roles of trainee, apprentice, or master craftsman
        - Goal Attainment Scaling: method for grading individual intervention goals and quantitatively capturing progress
        - Kettle Test: functional screen of level of cognitive impairment
        - Social Profile: observational assessment of the social/group dynamics
- *Re-assessment:* Offenders participating in OT Workshop will be re-evaluated every three months. Offenders participating in another RPCRR group will be re-evaluated at eight weeks. The reassessment findings will result in: continuation or adjustment to the intervention plan or discharge from the program. A recommendation to discharge an offender from a group does not imply that the offender may not be eligible to participate in future groups (i.e., it may be temporary in order to reconfigure a group).

    - Components of the Re-assessment:
        - Concerns related to engaging in occupations
        - Level of relative mastery within current occupational roles
        - Patterns of engagement in occupations (time use)
        - Primary strengths and problem areas related to occupational performance
        - Level of progress towards established goals and outcomes
        - Updated status of community re-entry plan
        - Current behavioral history (since last evaluation)
        - Updated goals and intervention approaches

Program Pilot & Evaluation: The RPCRR, in collaboration with UTMB and TDCJ, are responsible for collecting data to evaluate the effectiveness, efficiency, and level of satisfaction related to the RPCRR. RPCRR pilot data will be collected from the program launch and analyzed at 12-24 months. Quarterly and annual reports will contribute to the program evaluation process that culminates for the program pilot at this 12-24 month deadline. The program evaluation process will be revisited after the analysis of pilot outcomes for any necessary procedural changes (e.g., timing of reports and types of outcomes measured). See the RPCRR Program Evaluation Manual for details. The following table is a general summary of the type of outcomes to be collected.

Outcome	Source
• # of offenders participating groups • # & frequency of groups • # of offenders evaluated • # of staff trained • # of consultations completed	RPCRR program database/records

• # of community partnerships • # of job/work assignments • # of offenders released with reintegration plan • # of offenders that promote within the intervention levels of the OT workshop • Time in training/utilization of computer technology • Types of intervention	
• Improved ability to adapt to psychosocial, environmental, and cognitive performance demands • Increased perception of efficiency, effectiveness, and satisfaction pertaining to occupational performance • Increased participation in prosocial occupational roles and interactions • Increased use of time in productive pursuits • Improved motivation for personal change and productive, prosocial pursuits • Improved therapeutic milieu to engage in positive goal pursuits • Improved collaboration in the completion of viable community re-integration plans	Goal attainment scaling; OT Workshop monitoring form; Volitional Questionnaire; Relative Mastery Scale; Social Profile; written re-integration plans; group records/documentation
• Increased quality in the continuum of care from prison to community reintegration centers • Cost savings • Increased number of community reintegration resources • Strong network of criminal justice, health care, and community connections	Foundation records; budget
• Reduced negative behavioral incidents • Utilization of health services • Increased ability of offender to function in the community (reduced	TDCJ records

recidivism)	

Documentation & Reporting

The RPCRR staff is responsible for documenting and reporting information relevant to services provided and individual and program outcomes. See the RPCRR Program Evaluation Manual for details related documentation procedures. The following table is a general guideline for the program.

Document	Time Frame	Responsible	Filing Location
Initial Assessment Report & Intervention Plan	Within 1 wk of referral	OTR	Medical record; OT Group Database
Re-assessment	12th week for OT Workshop & 8th week of other groups	OTR	Medical record; OT Group Database
Individual progress notes	Weekly	OTR & OTA	Medical record; OT Group Database
Group/program records (e.g., group attendance sheets)	Daily	OTR & OTA	OT Group Database
Individual consultation note	Within 1 wk of the service	OTR & OTA	Medical record; Program file
Staff training/education	Within 1 wk of the service	OTR & OTA	Program file
Inventory & tool control audit report	Monthly or per facility policies	OTR & OTA	Program file
Program evaluation reports	Quarterly	OTR	Program file

Program Development Timeline

Task	Estimated Time Frame
Secure approval to initiate the program	April 2016
Secure funding	May 2016
Execute Memorandum of Understanding	October 2016
Hire staff	November 2016
Procure equipment and supplies & train staff	December 2016
Set up work space and refine curriculums, forms, and procedures	December 2016
Begin offender evaluations for inclusion	January 2016

Begin groups	January/February 2016
Program evaluation	January 2017 (1 year)
Termination of pilot	January 2018 (2 year)

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ADDENDUM A
Job Descriptions

Job Title: Occupational Therapist	
Work Location: The DDP Program	
Reports to: Patricia and Radford Crocker Foundation Board of Directors; UTMB & TDCJ supervisor	
■ Full-time ☐ Part-time	■ Exempt ☐ Nonexempt

Job Purpose:
The occupational therapist leads the processes involved in the development, implementation, and coordination of the occupational therapy program. Operating within the prison environment, the occupational therapist aims to maximize the capacities of offenders in regards to self-responsibility and prosocial participation required for successful community re-integration through purposeful activity and healthy occupations.

Duties and Responsibilities:
Identification, Evaluation, and Planning

- Evaluate the offender's ability and formulate the occupational profile through a variety of functional, behavioral, and standardized assessments, skilled observation, checklists, histories, and interviews.
- Synthesize evaluation results into a comprehensive written intervention plan which reflects strengths and barriers to the offender's participation in meaningful occupation, establishes individualized goals, and provides recommended interventions/strategies.
- Participates in multidisciplinary meetings to review evaluation results, integrate findings with other disciplines, offer recommendations, and establish intervention plans.
- Collaborates with the Occupational Therapist Program Consultant regarding program design, procedures for assessment and service implementation, and the collection or program outcomes.

Service Delivery

- Provides targeted, evidence-based therapeutic intervention, using individual and/or group delivery formats, to facilitate offender participation and occupational performance within the prison environment and in preparation for community re-entry.
- Consults with other disciplines and staff to achieve offender and program outcomes.
- Adapts and modifies the environment within the bounds of safety and security priorities in order to meet the needs of the offender for increasing self-

responsibility and independence.

- Monitors and reassess the effects of occupational therapy intervention and the need to continue, modify, or discontinue intervention.
- Documents occupational therapy services to ensure accountability of service provision and communicate progress towards offender and program goals.
- Adheres to the safety and security policies and procedures of the facility.

Program Administration and Management

- Prioritizes and schedules work tasks independently.
- Coordinates a schedule of assessment, therapeutic groups, and other group or individual services.
- Manages inventory and adherence to safety/security procedures of therapeutic equipment and supplies.
- Projects needs for budget planning.
- Maintains clinical and administrative records in accordance with professional standards and program policy.
- Provides legal and ethical supervision of occupational therapy assistant assuming responsibility for the offenders served by the assistant.
- Supervises non occupational therapy support personnel (e.g., occupational therapy students).
- Adheres to federal and state legislation, regulation, and policies that affect occupational therapy practice.
- Reviews occupational therapy services, in collaboration with the Occupational Therapist Program Consultant, for quality improvement and makes changes as needed to ensure quality of services.
- Coordinates volunteer service and community service opportunities that have targeted therapeutic goals within the policies of the facility.

Education

- Teaches, monitors, and collaborates with facility personnel, community agencies, offenders to increase understanding of the offender's occupational performance.
- Provides in-services, trainings, and consultations within occupational therapy scope of practice for personnel and community-based service providers.

Program Evaluation

- Collaborates with the Occupational Therapist Program Consultant regarding the processes of prioritizing, collecting, and analyzing program-level outcomes.
- Produces periodic summary reports regarding program outcomes.

Qualifications:

- Earned occupational therapy degree from an accredited educational program
- Licensed to practice occupational therapy in Texas
- Completion of the facility's orientation and training process

- Completion of the TDCJ background check process
- Excellent interpersonal skills

Working Conditions:

- Must operate within the policies and strict guidelines for safety and security outlined by the facility.
- Must maintain open and healthy lines of communication with all facility personnel.
- Must be able to establish and maintain positive therapeutic interactions with offenders with a variety of functional abilities and abilities to self-regulate behavior.
- Must be able make quick decisions and deal effectively with unexpected situations.

Job Title: Occupational Therapy Assistant

Work Location: The DDP Program

Reports to: Patricia and Radford Crocker Foundation Board of Directors; TDCJ supervisor TBD; supervising occupational therapist

■ Full-time	■ Exempt
□ Part-time	□ Nonexempt

Job Purpose:

The occupational therapist assistant participates, under the direction of the occupational therapist and within the Texas practice act, in the implementation and coordination of the occupational therapy program. Operating within the prison environment and within the intervention/program plan developed by the occupational therapist, the occupational therapist assistant aims to maximize the capacities of offenders in regards to self-responsibility and prosocial participation required for successful community re-integration through purposeful activity and healthy occupations.

Duties and Responsibilities:

Identification, Evaluation, and Planning

- Assists with collection of data for the assessment of offenders as delegated by the occupational therapist.
- Collaborates with the occupational therapist and Occupational Therapist Program Consultant regarding program design, procedures for assessment and service implementation, and the collection or program outcomes.

Service Delivery

- Implement the intervention plan as designated by the occupational therapist in order to facilitate offender participation and occupational performance within the

prison environment and in preparation for community re-entry.
- Consults with other disciplines and staff to achieve offender and program outcomes.
- Adapts and modifies the environment within the bounds of the intervention plan and the safety and security priorities in order to meet the needs of the offender for increasing self-responsibility and independence.
- Documents occupational therapy services to ensure accountability of service provision and communicate progress towards offender and program goals.
- Adheres to the safety and security policies and procedures of the facility.

Program Administration and Management
- Assists with the coordination of program scheduling.
- Manages inventory and adherence to safety/security procedures of therapeutic equipment and supplies.
- Maintains clinical and administrative records in accordance with professional standards and program policy.
- Supervises non occupational therapy support personnel (e.g., occupational therapy students).
- Adheres to federal and state legislation, regulation, and policies that affect occupational therapy practice.
- Manages the upkeep of the space used for programmatic purposes.
- Assists in the coordination of volunteer service and community service opportunities that have targeted therapeutic goals within the policies of the facility.

Education
- Teaches, monitors, and collaborates with facility personnel, community agencies, offenders to increase understanding of the offender's occupational performance.
- Provides in-services, trainings, and consultations within occupational therapy scope of practice for personnel and community-based service providers.

Program Evaluation
- Collaborates with the occupational therapist and Occupational Therapist Program Consultant regarding the processes of prioritizing, collecting, and analyzing program-level outcomes.

Qualifications:
- Earned occupational therapy assistant degree from an accredited educational program
- Licensed to practice as an occupational therapy assistant in Texas
- Completion of the facility's orientation and training process
- Completion of the TDCJ background check process

- Excellent interpersonal skills

Working Conditions:

- Must operate within the policies and strict guidelines for safety and security outlined by the facility.
- Must maintain open and healthy lines of communication with all facility personnel.
- Must be able to establish and maintain positive therapeutic interactions with offenders with a variety of functional abilities and abilities to self-regulate behavior.
- Must be able make quick decisions and deal effectively with unexpected situations.

Non-compensated Role: Occupational Therapist Program Consultant – Laurie Stelter, OTR, MA

Work Location: The DDP Program

Reports to: Patricia and Radford Crocker Foundation Board of Directors; UTMB & TDCJ supervisor; and TWU faculty advisor (Cynthia Evetts, PhD, OTR)

Job Purpose:

The occupational therapist program consultant is an occupational therapist that is currently enrolled in a doctoral occupational therapy program at Texas Woman's University. Laurie will consult the onsite program staff regarding recommendations for program design; procedures for implementing services; and the collection, analysis, and dissemination of program outcomes. These outcomes, as coordinated by the occupational therapist program consultant, will inform program improvement and expansion. This position is non-compensated, but is eligible to pursue grant funding for research-based projects. This position does not require onsite presence.

Duties and Responsibilities:

Identification, Evaluation, and Planning

- Collaborates with the onsite occupational therapist regarding program design, procedures for assessment and implementation, and the collection or program outcomes.
- Assist in the screening and evaluation of offenders as needed for the purposes of recommending placement in therapeutic intervention tracks that meet individual and program objectives.

Service Delivery

- Collaborate with the onsite occupational therapist regarding procedures for treatment planning and intervention that reflect evidence-based practice.
- Consults with other disciplines and staff to achieve offender and program outcomes.

- Adheres to the safety and security policies and procedures of the facility.

Program Administration and Management

- Reviews occupational therapy services, in collaboration with the occupational therapist, for quality improvement and makes changes as needed to ensure quality of services.
- Projects needs for budget planning.
- Maintains clinical and administrative records in accordance with professional standards and program policy.
- Adheres to federal and state legislation, regulation, and policies that affect occupational therapy practice.

Education

- Provides in-services, trainings, and consultations within occupational therapy scope of practice for personnel and community-based service providers.

Program Evaluation

- Develops, in collaboration with the occupational therapist, the processes of prioritizing, collecting, analyzing, and disseminating program-level outcomes.

Qualifications:

- Earned occupational therapy degree from an accredited educational program
- Licensed to practice occupational therapy in Texas
- Currently enrolled as in a doctoral program for occupational therapy under the supervision of a faculty advisor at Texas Woman's University
- Completion of the facility's orientation and training process for volunteers
- Completion of the TDCJ background check process
- Excellent interpersonal skills

Working Conditions:

- Will primarily be collaborating virtually with program staff; however, there may be times that require onsite presence for the designing and collection of program outcomes.
- Must operate within the policies and strict guidelines for safety and security outlined by the facility.
- Must maintain open and healthy lines of communication with all facility personnel.
- Must be able to establish and maintain positive therapeutic interactions with offenders with a variety of functional abilities and abilities to self-regulate behavior.
- Must be able make quick decisions and deal effectively with unexpected situations.

ADDENDUM B

Adults with Intellectual and Development Disability: A Practice Template using Occupational Adaptation (OA)

Core Assumptions

1. Persons of all cognitive levels have capacity for learning or adapting in response to life challenges and their environmental context.
2. Participation in meaningful occupational roles provides a person the opportunity for maximal health, satisfaction, and functioning.
3. Social and community integration promotes personal dignity, autonomy, and growth.
4. Persons of all cognitive levels communicate their preferences and levels of satisfaction using a variety of methods.

Rationale

1. Adults with IDD are often deprived of opportunities for participating in meaningful occupational roles and activities.
2. Adults with IDD have difficulty performing to the standards that the occupational environment has for a person of the same age or developmental level without IDD.
3. The strengths of the adult with IDD and his/her capacities for adaptation are frequently overlooked.
4. An OA-based approach is indicated to maximize the fit between the individual and the environment and provide the adult with IDD the opportunity for adaptive changes.

Premises

1. Person systems deficits (cognitive, sensorimotor, & psychosocial) within the adult with IDD are a contributing factor to adaptive response capacity.
2. The less the adult's capacity to manage his/her person systems, the more attention is given to the person's occupational environment (physical, social, & cultural).
3. The adult with IDD who participates in meaningful activities within an occupational role has the potential for experiencing a higher level of relative mastery (internal perception of efficiency, effectiveness, satisfaction to self & others).
4. Relative mastery can be experienced and communicated in a variety of ways (e.g., through the sensorimotor system).

Effects of Occupational Dysadaptation

Adults with IDD experience a limited press for mastery over their environment due to low internal desire and low external demand. The low internal desire is due to learned

helplessness that occurs over time when not given opportunity for influence over one's environment. The low external demand is witnessed in the occupational marginalization and deprivation often experienced by this population. Adults with IDD often have limited access to meaningful work, self-care, and leisure contexts. Limited cognitive, communication, social, and physical skills lead to difficulty in identifying and expressing preferences.
When met with an occupational challenge, the adult with IDD often possesses an impoverished repertoire of adaptive responses. Responses may consist of repetitive and concrete actions (hyperstable response behaviors and existing response modes) that do not promote generalization of learning, self-initiated action, or satisfaction.

Treatment Approach
The treatment approach has a two-fold focus to maximize the adaptive capacity of the individual:

1) support the adult's strengths and preferences within meaningful occupational roles and contexts
2) manage and challenge the occupational environment to address issues that prevent participation.

To accomplish this purpose, there is an emphasis on facilitating opportunities for client-selected role experiences and meaningful co-occupation with others. The adult is given the opportunity to undertake graded, meaningful work, educational, leisure, and self-care pursuits within a supported environment. The occupational environment is given the opportunity to shift their view of the adult with IDD from an "eternal child" to an adult with concrete skills and abilities. The adult experiences themselves in a positive role (role shifting experience).

Overview of Therapist's Intervention/Process

- *Assessment*: The therapist creates an occupational profile that details the factors facilitating or limiting participation and relative mastery in meaningful contexts and roles.
    - The therapist identifies preferences, role expectations, and level of satisfaction through observations and interactions with client and caregivers. Particular attention is given to how the client communicates satisfaction or dissatisfaction.
    - The physical, social, and cultural features of the primary occupational environments are evaluated for resources and barriers.
    - The person's current sensorimotor, cognitive, and psychosocial function is assessed using appropriate assessment tools and observations.
- *Programming*: The therapist develops an individualized program of readiness and occupational activities that reflects the person's occupational interests. A daily schedule of individual and group-based occupational activities is created.

- The person's skills are supported through readiness activities such as facilitating communication, personal care, social, and choice-making skills.
- Occupational activity within leisure and self-maintenance contexts is introduced as soon as possible. Activity categories include: specially developed environments, physically oriented activities, task-oriented activities, social events and games, spiritual activities, nature-related activities (e.g., gardening), and audiovisual activities (e.g., listening to music).
- The therapist facilitates inclusion into a community as part of a vocational internship that fits the individual's needs and interests. Examples include work in a therapeutic work crews such as a horticulture crew, handmade craft crew, cooking crew, or technology crew.
- The therapist supports the fit with the environment through modifications of the physical environment, education of the social environment, and provision of therapeutic opportunities for the client and caregivers to interact in ways that promote adaptive capacity (co-occupation).

Overall Intervention Methods

The therapist sets the therapeutic climate through provision of therapeutic opportunities and interactions that allow the client to exert influence over their environment. Examples include:

- Providing an exploratory environment that promotes discovery and experimentation (e.g., 'taster sessions')
- Being attuned with and capitalizing on the observed spark of intrinsic motivation
- Adjusting communication and methods of intervention to suit person's ability to process information
- Looking for "windows" of opportunity to promote a new occupational response within the client or the caregiver (often non-verbal and non-directive)
- Providing only as much direction as necessary.

Phases of Intervention

The therapeutic process includes a progressive demand for increased responsibility shifting from the therapist to the client and caregiver. This also correlates with generalization of skills from one setting to another in preparation for successful community reintegration.

Phase I (Trainee): Therapist directed individual and group activities addressing the leisure and work role. These activities invite exploration so that preferences can be assessed, motivation can be awakened, and basic skills can be developed.

Phase II (Apprentice): Client directed selection of activities with the therapist facilitating involvement of self and others to the degree necessary. There is increased emphasis on

the development of work and social skills that translate to other life roles and community reintegration.
Phase III (Master Craftsman): Client, caregiver, and therapist collaboration for client participation in a meaningful occupational roles. The emphasis is on refining work, social, and self-management skills for community reintegration. The client is provided supervised opportunities to mentor others within the therapeutic environment.

OA Specific Outcome Measures
The focus of OA specific outcomes is on changes in the client's occupational adaptation process.

- *Increase in relative mastery:* This is measured by the therapist interpreting the verbal and non-verbal communication of the client. With more significant impairments in communication, relative mastery is often expressed through the sensorimotor system.
    - Efficiency: performs in a more timely manner
    - Effectiveness: quality of performance
    - Satisfaction to self and others
- *Self-initiated activity:* improved ability to communicate and pursue a preferred activity
- *Generalization of skill* from one setting or activity to another: improved ability to participate in a variety of occupational contexts and more range in behavior; shift in how the occupational environment interacts with the adult with IDD.

Overall Goal of OA Intervention with Adults with IDD
The treatment goal is to maximize the adaptive capacity and satisfaction of the person through participation in meaningful occupational roles.

ADDENDUM C

Sample Weekly Calendar

(Assumes 2 full-time OT practitioners)

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8am					
9am	OT Workshop 1	OT Workshop 3	OT Workshop 1	OT Workshop 3	Events/Special Projects/OT Workshop 5 & 6
10am	W/LS 1	W/LS 3	W/LS 1	W/LS 3	
11am					
12 pm					
1pm	W/LS 2	W/LS 4	W/LS 2	W/LS 4	
2pm	OT Workshop 2	OT Workshop 4	OT Workshop 2	OT Workshop 4	
3pm					
4pm					
5pm					

*W/LS = Wellness or Life Skills Group

**Corresponding numbers and coloring indicate the same group of offenders

***This schedule does not reflect necessary time for: treatment team participation, assessments, intervention planning, documentation, and upkeep of the environment.

****This schedule would accommodate 32-72 offenders per week for OT workshop and 32-48 offenders per week for W/LS groups with each offender receiving intervention 2-4 times per week.

ADDENDUM D

Program Logic Model for RPCRR and DDP

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
• Correctional staff (TDCJ) • Clinical staff (UTMB) - 2 case managers - MH counselor - MHM • Volunteers • Chaplain • Wyndham school staff • TCOOMI staff • Facilities - Small group room - Large room across from small group room (Wyndham's) - Treatment team room & library - Large room in the command	*DDP Specific:* • Educational classes • Job/work assignments • Individual therapy • Group therapy • Case management • Crisis management & intervention • Substance abuse counseling • Psychiatric services • Chaplaincy • Train staff • Ensure safety & security *RPCRR Specific:* • OT workshop • Wellness & Self-care groups • Reintegration & Life skills groups • Screen offenders	• # of offenders participating groups • # & frequency of groups • # of offenders evaluated • # of staff trained • # of consultations completed • # of community partnerships • # of job/work assignments • # of offenders released with reintegration plan • # of offenders that promote within the intervention levels of the OT workshop	• Improved ability to adapt to psychosocial, environmental, and cognitive performance demands • Improved collaboration in the completion of viable community re-integration plans • Increased perception of efficiency, effectiveness, and satisfaction pertaining to occupational performance • Increased participation in prosocial occupational roles and interactions	• Increased ability of offender to function in the community (reduced recidivism) • Increased quality in the continuum of care from prison to community reintegration centers • Cost savings • Increased number of community reintegration resources • Strong network of criminal justice, health care, and community connections

center building - Gardening area - Rec yard - Laundry facility - Dorms • Food service • Equipment & supplies (existing & proposed) • Rad Crocker Foundation Funding (proposed) • Occupational therapy practitioners (proposed)	for program eligibility • Assess offenders for intervention planning • Train staff • Clinical consultation • Program evaluation • Build partnerships with the community		• Reduced negative behavioral incidents • Improved therapeutic milieu to engage in positive goal pursuits • Increased use of time in productive pursuits • Improved motivation for personal change and productive, prosocial pursuits	
INPUTS	**ACTIVITIES**	**OUTPUTS**	**SHORT-TERM OUTCOMES**	**LONG-TERM OUTCOMES**

SECTION 2: RPCRR GROUP PROTOCOLS & CURRICULA

The Occupational Therapy Workshop (OT Workshop)

Group Purpose: The OT Workshop group provides a therapeutic, supported work environment that prepares participants for prosocial roles in the community. It aims to awaken the offender's capabilities and motivation through opportunities to actively participate and produce goods that contribute to the social fabric of the local community. The offender will be assigned to one of several possible therapeutic work crews. Within the assigned crew, the offender will begin as a Trainee. With progress in identified areas of independent functioning, performance behavior, social skills, and technical skills, the offender will have opportunities to advance to an Apprentice followed by Master Craftsman level. Opportunities to contribute to the internal or external community will be an essential component of each work crew. This element adds a sense of meaning and purpose to the activities pursued and produced.

Objectives: Offenders will demonstrate progress in the technical skills, performance behavior, social skills, and skills for independent functioning relevant to the work crew and role in which she is assigned. The offender will:

Technical Skills	***Performance Behavior***
Perform required steps for completion of project. Locate necessary supplies for project completion. Identify new project upon completion of project. Demonstrate skills for Trainee Level. Demonstrate skills for Apprentice Level. Demonstrate skills for Master Craftsman Level. Identify mistakes made on project. Initiating/correcting mistakes made on project. Demonstrate creative when completing project. Fill out/use technique sheets. Develop new technique sheets.	Attend to project throughout group. Choose appropriate tool(s) for project. Follow correct tool checkout procedures. Maintain hygiene appropriate for group. Respond appropriately to feedback from other crew members. Respond appropriately to feedback from staff. Give constructive feedback to another crew member. Maintain appropriate boundaries with staff. Maintain appropriate role boundaries within crew.
Interpersonal Skills	***Independent Functioning***
Request assistance appropriately from crew member. Request assistance appropriately from staff.	Organize workspace. Perform technical skills. Identify their role within the crew.

Interact with crew members appropriately. Provide appropriate encouragement to crew member. Use jargon to communicate with crew member. Use jargon to communicate with staff. Respond appropriately to feedback from crew member. Respond appropriately to feedback from staff. Give constructive feedback to another crew member.	Solve problems encountered while working. Set standards of quality for projects. Coordinate and monitor current project production. Remember personal possessions for group. Engage in appropriate hygiene practices. Attend to personal appearance.

Group Size: The ideal group size within a single OT Workshop session is 8-15 offenders. The group size is adaptable to the number of therapeutic staff facilitating the group, the needs of the participating offenders, and the types of activities occurring.

Length, Frequency, & Duration: The majority of OT Workshop sessions last 1.5 hours and are offered for a group cohort 2 times per week for 12 weeks.

Space: The OT Workshop will use the designated indoor and outdoor space. The workshop requires a large enough space to access and use group equipment and supplies and accommodate the number of participating offenders.

Materials: Most therapeutic work crews within the OT Workshop rely on a significant amount of table space, equipment, and supplies. The types of materials required vary by the type of therapeutic work crew. Most materials fall into the categories of horticulture, craft, office, technology (computers, printers), cleaning, and life skills equipment and supplies

Medium/Methodology (Essential Therapeutic Ingredients):

- Selection, planning, execution, and evaluation of task performance
- Graded, just-right challenges
- Opportunities for self-evaluation and reflection (graded opportunities to learn from successes and mistakes)
- Direct or indirect verbal assistance as needed (only to the point necessary)
- Physical assistance as needed (only to the point necessary)
- Objective and non-judgmental feedback
- Opportunity for choice, creativity, and self-directed learning
- Introduction of novel tasks or contexts
- Positive social and safe physical environment

- Facilitating appropriate help seeking/receiving behaviors
- Opportunity for social contribution
    - Each crew has an identified *"customer", recipient, or benefactor* to the items produced by the crew. The benefactor can be part of the internal (group; unit) or external (charitable agency; business; service provider) community. For example, the handicraft crew might provide their products to an agency that serves a disadvantaged population. The gardening crew might contribute to the aesthetic and nutritional needs of the unit.
    - Each offender has an identified role within the work crew.

Work Crews: The OT Workshop is composed of work crews that each have a unique focus and variety in order to appeal to different interests and occupational needs. The following list provides examples of the types of work crews that are provided by the OT Workshop. Not all of these crews will be operating simultaneously, but will be prioritized by opportunity and need.

Crew	Types of Activities	Customer	Space
Horticulture	• Plan & maintain beds for flowers, plants, fruits, & vegetables • Container gardening • Cook using items produced	• Internal (group or unit benefitted by improved aesthetics or food items) • External (provide seedlings/starts; plant in a decorated pot to a service agency)	Outdoor
Technology	• Produce a newsletter • Create flyers for events • Produce computerized documents & designs • Take & edit photographs for use in therapeutic activities • Create slide shows & photo albums • Repair and maintain equipment	• Internal (unit newsletter; flyers for events) • External (use photographs of objects to educate others about meaningful experiences and values)	Indoor space with supervised computer access
Craft	• Repurpose Crew (papermaking; repurpose items into a craft; paper crafts; stationary) • Leatherworking Crew	• Internal (add to aesthetics) • External (donate products to service agency)	Indoor space with access to supplies

	• Jewelry Making Crew • Sewing Crew (fabric crafts) • Other handicrafts		
Kitchen	• Make food items • Create new recipes • Create a cook book	• Internal (group or unit benefitted by food item) • External (make cook book available to the public)	Indoor space with access to kitchen equipment

Therapeutic Work Roles: Each offender enters the OT Workshop as a Trainee with opportunities to promote to Apprentice and Master Craftsman roles. Each of these roles has progressive expectations correlating with the group's objectives (i.e., technical skills, performance behavior, social skills, and skills for independent functioning).

- *Trainee:* The trainee receives training to learn and establish basic skills and fundamental participation.
- *Apprentice:* The apprentice has demonstrated basic competencies with some level of regularity. She shows increased self-initiation. She requires direction for motivation and occupational performance no more than 50% of the time.
- *Master Craftsman:* The master craftsman demonstrates consistent competencies in the required skills related to the work crew. She show self-direction to create new applications of the crew's work and mentor others.

Group Progression

Sessions	Therapeutic Task
Weeks 1-4	Trainee skill development
Weeks 5-10	Apprentice skill development
Weeks 11-12	Master Craftsman skill development
Week 12	Re-evaluate

Outline of Session Procedures: The focus and primary activity of each OT Workshop session is planning and executing the crew's work task. The following procedures will provide group continuity and development of healthy routines:

1. Practice hygiene & grooming (e.g., wash hands, tuck in shirt, brush teeth, smooth hair)
2. Review where the group left off and plan the task priorities for the session
    a. Brainstorm, select, and assign tasks
3. Access and organize needed supplies and space
4. Begin and maintain activity
    a. OT staff monitors and intervenes where necessary

5. Hydration & music break hourly
6. Report progress and reprioritize as needed
7. Continue activity
8. 15 minute warning that group is ending
9. Inventory supplies & clean space
10. Review progress (relative mastery ratings), celebrate successes, and plan for next session.

Intervention Measurement

- Volitional Questionnaire: At week 4, 6, 8, 10, 12
- Goal attainment scaling: establish goal by Week 2 and rate on Week 12
- Relative mastery scale: weekly
- Social Profile: Week 2, 6, and 12
- Attendance
- Workshop role advancement: trainee, apprentice, master craftsman

Wellness & Self-care Group Curriculum
(Wellness Group)

Purpose: The Wellness Group is designed to provide opportunities for the offender to engage in activities and build habits that promote health and well-being. Sessions will target areas of wellness associated with SAMHSA's wheel of wellness: emotional, intellectual, physical, occupational, financial, social, environmental, and spiritual. Content will address aspects of physical activity, nutrition, hygiene & self-care, stress management, avoiding substance use, health management routines, and social participation.

Objectives:

- The Offender will identify areas of desired change in order to improve personal health and wellness.
- The Offender will practice activities of daily living that promote health and wellness.
- The Offender will demonstrate increased independence in responding to challenges to health and wellness using adaptive strategies.
- The Offender will verbalize increased relative mastery related to performance of healthy habits and routines.
- The Offender will express at least one intentional effort to practice a healthy habit between group sessions.
- The Offender will develop a healthy lifestyle plan for maintaining habits and routines while incarcerated and upon community re-entry.

Group Size: The ideal group size within a single Wellness Group session is 8-15 offenders. The group size is adaptable to the number of therapeutic staff facilitating the group, the needs of the participating offenders, and the types of activities occurring.

Length, Frequency, & Duration: Wellness Group sessions last 1 - 1.5 hours and are offered for a group cohort 2 times per week. The group is evaluated every 8 weeks to determine the need to continue with the current cohort, restructure the cohort (i.e., add or move participants), or discontinue.

Space: The Wellness Group will use the designated indoor space. The group requires a large enough space to access and use group equipment and supplies and accommodate the number of participating offenders. Most sessions require space for table and chairs.

Intervention Measurement:

- Goal Attainment Scaling
- Group records (e.g., attendance, group schedules)

- Weekly individual progress notes
- Offender's behavioral incidents (inside/outside of group)

Group Outline:

Week 1	*Area of Wellness:* Social Wellness *Therapeutic Activity:* Orientation & group building
Week 2	*Area of Wellness:* Environmental Wellness *Therapeutic Activity:* Design Your Space
Week 3	*Area of Wellness:* Physical Wellness *Therapeutic Activity:* Exercise & nutrition
Week 4	*Area of Wellness:* Emotional Wellness *Therapeutic Activity:* Stress management toolkits
Week 5	*Area of Wellness:* Intellectual Wellness *Therapeutic Activity:* Puzzles and games
Week 6	*Area of Wellness:* Spiritual Wellness *Therapeutic Activity:* Creative self-expression
Week 7	*Area of Wellness:* Financial Wellness *Therapeutic Activity:* Budget
Week 8	*Area of Wellness:* Occupational Wellness *Therapeutic Activity:* Wellness re-entry plans

Week 1: Social Wellness

Focus: To facilitate understanding of the group process while building healthy group interaction and cohesion.

Objectives:

- The Offender will participate in development of a group agreement.
- The Offender will collaborate with the therapist in the establishment of an individual goal by identifying at least one area of desired personal improvement related to health and wellness.
- The Offender will demonstrate healthy patterns of social interaction and participation.
- The Offender will identify at least one support person that facilitates healthy patterns of occupational performance.

Materials: marker board, markers, paper, supplies associated with communication (e.g., stationary, computer)

Procedures and Content:

- Orient to the topic of health and wellness.

- Orient to the groups purpose, goals, and procedures.
- Discuss the meaning and purpose of social wellness
- Participate in a team building activity
- Discuss the experience of this activity
- Role play several social scenarios
- Discuss reactions to the role play
- Participate in a support group experience
- Discuss strategies for building and maintain positive social support systems
- Create a craft, letter, or simulated email message that communicates appreciation to someone within her social support network (*Technology Application*: learn how to use email or locate an appropriate online social support network)
- Complete an individual social wellness plan

Week 2: Environmental Wellness

Focus: To facilitate habits and routines related creating and contributing to healthy and supportive environments.

Objectives:

- The Offender will identify at least on aspect of her current or past environment that challenged pursuit of a healthy lifestyle.
- The Offender will identify at least three strategies for creating or contributing to an environment that will support her goals for a healthier lifestyle.
- The Offender will practice a habit related to building a healthier environment within and outside of group.

Materials: marker board, markers, pencils, paper, tape, glue, recyclable/repurposed items (e.g., boxes, paper towel rolls, bottles), camera

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of environmental wellness
- Show pictures or videos of healthy and unhealthy spaces
- Go on a scavenger hunt to locate examples of items and spaces that contribute or detract from a healthy environment. (*Technology Application*: Take pictures of these items.) Print the pictures to be available at the next session and create a display as a group.
- Design your own space: Use recyclable and repurposed items to build a replica of a healthy environmental space
- Discuss ideas related to spaces in which the participants feel healthy and supported

- Discuss strategies for creating healthier spaces
- Complete an individual environmental wellness plan

Week 3: Physical Wellness

Focus: To facilitate habits and routines related to personal health management.
Objectives:

- The Offender will identify at least one personal challenge related to her physical health.
- The Offender will identify at least three strategies for maintaining a higher level of physical health or preventing future problems.
- The Offender will practice at last one habit related positive physical health both inside and outside of group.

Materials: marker board, markers, pencils, paper, functional nutrition kit, meal prep supplies, exercise equipment, radio, health management kit (pill boxes, etc.)

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of physical wellness
- Discuss aspects of physical activity, nutrition, and health management (e.g., medication management, diabetic care, etc.). Use items from functional kits that have been created to demonstrate and train.
- Participate in fun and motivating exercise routines or other physical activity (*Technology Application*: locate a fun, free exercise video online)
- Plan and prepare a healthy food item or meal (*Technology Application*: do a virtual grocery shopping trip)
- Practice setting up a pill box and using other relevant health management items
- Complete an individual physical wellness plan

Week 4: Emotional Wellness

Focus: To facilitate habits and routines related to emotional self-regulation.

Objectives:

- The Offender will identify at least one personal challenge related to her emotional health.
- The Offender will identify at least three strategies for emotional self-regulation.
- The Offender will practice at last one habit related positive emotional health both inside and outside of group.

Materials: marker board, markers, pencils, paper, functional stress management kit (items related to managing stress), multisensory items to add to the environment (e.g., music, lighting, lavender)

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of emotional wellness
- Use the stress management kit to introduce various strategies for regulating emotion and stress levels
- Participants create their own individualized stress management kits
- Practice various relaxation strategies (*Technology Application*: use a stress management app)
- Practice using modified yoga or tai-chi exercises
- Use a self-monitoring form between group sessions
- Complete an individual emotional wellness plan

Week 5: Intellectual Wellness

Focus: To facilitate habits and routines related to learning, maintaining healthy cognitive functioning, and solving problems.

Objectives:

- The Offender will identify at least one personal challenge related to her intellectual health.
- The Offender will identify at least three strategies for building or maintain cognitive functioning or problem solving.
- The Offender will practice at last one habit related positive intellectual health both inside and outside of group.

Materials: marker board, markers, pencils, paper, puzzles, games

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of intellectual (mind) wellness
- Show pictures or videos that demonstrate examples of positive or negative problem solving. Discuss points identified.
- Role play or tell a story illustrating a healthy versus a unhealthy mind or energy levels conducive or not conducive to attention
- Discuss strategies to help the mind concentrate and learn
- Discuss learning strategies

- Play various puzzles and games that stimulate the mind in various ways (*Technology Application*: play a puzzle of game on the computer or a virtual problem solving scenario)
- Complete an individual intellectual wellness plan

Week 6: Spiritual Wellness

Focus: To facilitate habits and routines related to understanding and practicing values, beliefs, and ethics that positively guide one's life.

Objectives:

- The Offender will identify at least one personal challenge related to her spiritual health.
- The Offender will identify at least three strategies for pursuing healthy personal values and beliefs.
- The Offender will practice at last one habit related positive spiritual health both inside and outside of group.

Materials: marker board, markers, pencils, paper, craft supplies, music

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of spiritual wellness
- Create an art piece that expresses what one values or believes
- Participate in a values clarification exercise
- Create, design, and practice using a personalized journal
- Take a nature walk
- Discuss various way in which one can practice her beliefs (*Technology Application*: locate a positive story or picture that expresses one's beliefs or values)
- Create an individual spiritual wellness plan

Week 7

Focus: To facilitate habits and routines related to managing one's financial resources. The concept of financial resources is used broadly to include personal possessions and support received from others.

Objectives:

- The Offender will identify at least one personal challenge related to her financial health.

- The Offender will identify at least three strategies for managing one's financial resources wisely.
- The Offender will practice at last one habit related positive financial health both inside and outside of group.

Materials: marker board, markers, pencils, paper, functional financial kit, computer

Procedures and Content:
- Review last session and orient to new session
- Discuss the meaning and purpose of financial wellness. Emphasize that being wise with one's resources does not just apply to money.
- Role play various scenarios related use of money or managing resources. Include scenarios where people were taken advantage of financially and discuss strategies for not being manipulated by others.
- Use the functional kit to introduce items involved with financial management
- Practice a simple budget (*Technology Application*: use calculator or computer to make a simple budget or simulate paying a bill online)
- Play a game that requires participants to make various financial decisions
- Complete an individual financial wellness plan

Week 8: Occupational Wellness

Focus: To facilitate habits and routines related to healthy, balanced, and meaningful occupation. Occupation is used to describe those aspects of life that one wants or needs to do.

Objectives:
- The Offender will identify at least one personal challenge related to her occupational health.
- The Offender will identify at least three strategies for creating a healthy routine meaningful and essential occupations.
- The Offender will practice at last one habit related positive occupational health both inside and outside of group.

Materials: marker board, markers, pencils, paper, OT workshop supplies

Procedures and Content:
- Review last session and orient to new session
- Discuss the meaning and purpose of occupational wellness

- Show pictures or videos of individuals engaged in healthy or unhealthy occupations
- Participants choose from a variety of options for an activity, make and execute a plan to carry out the activity, and report on her success
- Participants create a collage of activities she wants or needs to do
- Participants review their individual wellness plans from all the previous groups and put them into a re-entry plan (*Technology Application*: Create a computerized re-entry plan)
- Group celebration of successes and closure activities

Re-integration Planning & Living Skills Group Protocol
(Life Skills Group)

Purpose: The Life Skills Group focuses on the development of individual community re-integration plans and opportunities to practice related skills. Content includes areas such as personal goal setting and implementation, activities of daily living, communication management, community mobility, identification of community and personal resources, financial management, health management, home establishment/management, meal preparation, parenting, spiritual expression, personal safety, shopping, sleep hygiene, educational participation, employment pursuit, volunteer participation, leisure participation, and social participation. There is an emphasis, where appropriate, on the use of technology within these activities.

Objectives:

- The Offender will identify areas of desired change in order to improve occupational performance and preparation for community re-entry.
- The Offender will practice activities of daily living and instrumental activities of daily living.
- The Offender will demonstrate increased independence in responding to challenges to occupational performance.
- The Offender will verbalize increased relative mastery related to occupational performance.
- The Offender will express at least one intentional effort to practice new skills between group sessions.
- The Offender will develop an individual community re-integration plan for maintaining habits and routines while incarcerated and upon community re-entry.

Group Size: The ideal group size within a single Life Skills Group session is 8-15 offenders. The group size is adaptable to the number of therapeutic staff facilitating the group, the needs of the participating offenders, and the types of activities occurring.

Length, Frequency, & Duration: Life Skills Group sessions last 1 - 1.5 hours and are offered for a group cohort 2 times per week. The group is evaluated every 8 weeks to determine the need to continue with the current cohort, restructure the cohort (i.e., add or move participants), or discontinue.

Space: The Life Skills Group will use the designated indoor space. The group requires a large enough space to access and use group equipment and supplies and accommodate the number of participating offenders. Most sessions require space for tables and chairs.

Intervention Measurement:

- Goal Attainment Scaling
- Group records (e.g., attendance, group schedules)
- Weekly individual progress notes
- Offender's behavioral incidents (inside/outside of group)
-

Group Outline:

Week 1	*Life Skill:* Social Participation & Goal Setting *Therapeutic Activity:* Orientation & Vision Boards
Week 2	*Life Skill:* Leisure Exploration & Participation *Therapeutic Activity:* Leisure Fair
Week 3	*Life Skill:* Activities of Daily Living *Therapeutic Activity:* Spa Day
Week 4	*Life Skill:* Instrumental ADLs *Therapeutic Activity:* Home Living Stations
Week 5	*Life Skill:* Instrumental ADLs *Therapeutic Activity:* Community Living Stations
Week 6	*Life Skill:* Informal Educational Participation *Therapeutic Activity:* Book Club
Week 7	*Life Skill:* Work or Volunteer Exploration & Participation *Therapeutic Activity:* Job Fair
Week 8	*Life Skill:* Sleep Hygiene & Stress Management *Therapeutic Activity:* Community Re-integration Plans

Week 1: Social Participation & Goal Setting

Focus: To facilitate understanding of the group process while building healthy group interaction and cohesion. There is an emphasis on social participation and goal setting. Social participation involves activities that involve social interactions at the community, family, and peer or friend level.

Objectives:

- The Offender will participate in development of a group agreement.
- The Offender will collaborate with the therapist in the establishment of an individual goal by identifying at least one area of desired personal improvement in occupational performance.
- The Offender will demonstrate healthy patterns of social interaction and participation.
- The Offender will identify at least one support person that facilitates healthy patterns of occupational performance.

Materials: marker board, markers, paper, supplies associated with communication (e.g., stationary, computer), art supplies and magazines for vision boards

Procedures and Content:

- Orient to the topic of daily living skills.
- Orient to the groups purpose, goals, and procedures.
- Discuss the meaning a purpose of social participation
- Participate in a team building activity
- Discuss the experience of this activity
- Role play several social scenarios
- Discuss reactions to the role play
- Create individual vision boards that include personal goals (*Technology Application*: create the vision board using the computer)
- Discuss strategies for setting goals and persevering

Week 2: Leisure Exploration & Participation

Focus: To facilitate improved occupational performance related to leisure exploration and participation. Leisure is any nonobligatory activity that is engaged in during discretionary time.

Objectives:

- The Offender will identify at least one personal challenge related to her occupational performance in the area of leisure.
- The Offender will identify at least three leisure pursuits in which she finds meaningful and positive.
- The Offender will establish at least one personal goal related to leisure participation.
- The Offender will practice at last one habit related to leisure participation both inside and outside of group.

Materials: marker board, markers, paper, supplies associated with various leisure pursuits

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of leisure
- Participate in a Leisure Fair. Provide a variety of stations around the room that target different leisure interests. The offenders will rotate through the different

stations participating in the leisure opportunities. (*Technology Application:* Explore various leisure opportunities and interests on the internet)
- Discuss the experience of the leisure fair. Offenders will select which activities they most enjoyed and what activities were missing.
- Complete an individual leisure plan

Week 3: Activities of Daily Living

Focus: To facilitate improved occupational performance related to activities of daily living. Activities of daily living are oriented toward taking care of one's own body (e.g., bathing, toileting, dressing, eating, functional mobility, personal device care, hygiene and grooming, and sexual activity).

Objectives:
- The Offender will identify at least one personal challenge related to her occupational performance in activities of daily living.
- The Offender will establish at least one personal activities of daily living goal.
- The Offender will practice at last one new habit related to activities of daily living both inside and outside of group.

Materials: marker board, markers, paper, functional ADL kits (e.g., grooming and hygiene kit), supplies associated with grooming or a spa

Procedures and Content:
- Review last session and orient to new session
- Discuss the meaning and purpose of activities of daily living
- Use the functional kit to introduce different ADL areas and items associated with ADLs
- Participate in a Spa Day activity. Provide a variety of hygiene, grooming, and pampering items and allow the offenders to utilize these items. Discuss the experience and simple strategies for caring for one's body even if one does not have these particular supplies.
- Participate in a Fashion Day activity. Provide a variety of accessories, clothing items, and materials. Offenders can "dress up" and simulate walking down the runway of a fashion show. Discuss inexpensive way to make one look nice. *(Technology Application:* incorporate the use of an app that allows one to dress an avatar)
- Complete an individual ADL plan.

Weeks 4 & 5: Instrumental ADLs

Focus: To facilitate improved occupational performance related to instrumental activities of daily living. Instrumental activities of daily living often require more complex interactions and are oriented toward supporting daily life within the home and community (e.g., care of others, care of pets, child rearing, communication management, community mobility, financial management, health management, home establishment and management, meal preparation, religious expression, safety and emergency maintenance, and shopping).

Objectives:

- The Offender will identify at least one personal challenge related to her occupational performance in instrumental activities of daily living each week.
- The Offender will establish at least one personal instrumental activities of daily living goal per week.
- The Offender will practice at last one new habit related to instrumental activities of daily living both inside and outside of group.

Materials: marker board, markers, paper, functional IADL kits (e.g., home management; parenting; health management; meal preparation; safety; community mobility; shopping)

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of instrumental activities of daily living
- Use the functional kit to introduce different IADL areas and items associated with IADLs
- Set up several IADL stations for the offenders to rotate through and participate in activities associated with various IADLs. Consider focusing one week on IADLs more associated with home living and a second week on IADLs more associated with community living (i.e., outside the home). Provide points for how many stations the offender completes or the quality in which the tasks are completed in order to add an element of friendly competition. Provide certificates (or some other appropriate recognition or reward) to those who demonstrated proficient participation and performance. (*Technology Application*: include a communication management station that involves use of email and smart phones)
- Discuss various challenges for completing these types of activities and strategies for overcoming or compensating for challenges. Discuss any community resources for support in relevant areas.
- Discuss opportunities for practicing these skills within their current context.
- Complete an individual IADL plan.

Week 6: Informal Educational Participation

Focus: To facilitate improved occupational performance related to activities needed for learning and participating in an informal or formal educational environment. There will be an emphasis on identifying topics of interest and methods for obtaining topic-related information or skills.

Objectives:

- The Offender will identify at least one personal challenge related to her occupational performance in the area of educational participation.
- The Offender will identify at least three learning topics in which she finds meaningful and positive.
- The Offender will establish at least one personal goal related to educational participation.
- The Offender will practice at last one habit related to educational participation both inside and outside of group.

Materials: marker board, markers, paper, supplies associated with educational exploration and pursuits

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of educational exploration and pursuits. Discuss that this can include nonacademic, vocational activities, and informal classes and training.
- Brainstorm various topics that are of interest to learn about
- Discuss strategies and resources for learning new information and skills
- Simulate a fun "book club" atmosphere that includes a variety of modalities for learning and sharing new information with each other. (*Technology Application:* use the internet to gather information related to topics of interest).
- Introduce a system for earning points for educational pursuits completed (e.g., reading a book, receiving training on a task). These points can be redeemed for an appropriate recognition or reward. Consider creating a weekly or bi-weekly book club for the most engaged members to meet and discuss their progress.
- Complete an individual education/learning plan.

Week 7: Work or Volunteer Exploration & Participation

Focus: To facilitate improved occupational performance related to the work or volunteer role. This will include work/volunteer exploration and participation, employment/volunteer seeking and acquisition, and work/volunteer performance.

Objectives:

- The Offender will identify at least one personal challenge related to her occupational performance in the area of work.
- The Offender will establish at least one personal goal related to work/volunteer participation.
- The Offender will practice at last one habit related to vocational/volunteer participation both inside and outside of group.
- The Offender will complete a relevant work or volunteer application.

Materials: marker board, markers, paper, supplies associated with work and volunteer exploration and participation

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of work/volunteer exploration and pursuits.
- Show pictures of videos of various relevant work or volunteer roles of individuals with similar circumstances to theirs
- Discuss various challenges to the work role
- Discuss various strategies and resources for overcoming work challenges
- Set up a job fair environment that the offenders can rotate through and participate in various hands-on activities related to work and volunteer opportunities.
- Discuss strategies for exploring and acquiring work/volunteer opportunities (*Technology Application:* have offenders complete an online work/volunteer application)
- Complete an individual work/volunteer plan.

Week 8: Sleep Hygiene & Stress Management

Focus: To facilitate improved occupational performance related to sleep hygiene and stress management. There will be an emphasis on reviewing and integrating the individual plans into a single community re-integration plan.

Objectives:

- The Offender will identify at least one personal challenge related to her occupational performance in the area of sleep hygiene or stress management.
- The Offender will identify at least three personal sleep hygiene or stress management strategies.
- The Offender will establish at least one personal goal related to improved sleep hygiene or stress management.
- The Offender will practice at last one habit related to sleep hygiene or stress management both inside and outside of group.

Materials: marker board, markers, paper, supplies associated with sleep hygiene and stress management

Procedures and Content:

- Review last session and orient to new session
- Discuss the meaning and purpose of sleep hygiene and stress management.
- Use the items within the functional kit to introduce various items and strategies associated with sleep hygiene and stress management
- Create a personal kit with items that are helpful for managing stress (*Technology Application:* use a stress management app)
- Review the individual plans from the previous sessions, discuss successes and challenges, and integrate these plans into a single community re-integration plan. (*Technology Application:* create a written plan using the computer)

Monthly & Seasonal Therapeutic Events Protocol

Purpose: The occupational therapy staff will collaborate with the facility staff in coordinating and implementing facility-wide events such as activity days and special projects. These events will provide meaningful, therapeutic opportunities for eligible offenders to participate in motivating and productive activities within a positive social milieu. Motivating themes and seasonal events will be utilized to assist with planning and maximize engagement.

Objectives:

- The Offender will demonstrate increased motivation for participating in unit events.
- The Offender will demonstrate improved social interaction skills during therapeutic events.
- The Offender will contribute to the planning, implementation, and/or evaluation of meaningful therapeutic events.
- The Offender will verbalize increased relative mastery related to social participation.

Participant Criteria:
Monthly and seasonal therapeutic events and projects target offenders who are demonstrating positive, active participation in program and other productive opportunities.

The offender's level of motivation will be considered during the evaluation process and the offender's right to decline participation honored.

Exclusion Criteria:

- behavioral precautions requiring restriction to cell/dorm
- unmanaged hallucinations, delusions, mania, depression, or behaviors limiting ability to perform basic program/group expectations for participation and socialization
- recent history of aggressive behaviors such as assault, fighting, and/or self-injury
- acute suicidal or homicidal ideation
- active infectious disease.

Group Size: The group size is adaptable to the number of therapeutic staff facilitating the group, the needs of the participating offenders, and the types of activities occurring. The RPCRR staff will collaborate with other clinical and correctional staff to identify eligible participants and the schedule of activities.

Length, Frequency, & Duration: Therapeutic events and projects may last 1 - 4 hours and are offered on a monthly basis.
Space: Therapeutic events and projects require a large enough space to access and use relevant supplies and accommodate the number of participating offenders.

Materials: The types of materials required varies by the types of activities involved in the event or project. The RPCRR budget includes a monthly amount for items related to events and special projects.

Medium/Methodology (Essential Therapeutic Ingredients):

- Opportunity for choice, creativity, and self-directed participation
- Introduction of novel tasks or contexts
- Positive social and safe physical environment
- Selection, planning, execution, and evaluation of participation
- Graded, just-right challenges
- Direct or indirect verbal assistance as needed (only to the point necessary)
- Physical assistance as needed (only to the point necessary)
- Objective and non-judgmental feedback
- Opportunity for social contribution
    - Each offender has an identified role within the event or project.

Example Schedule of Monthly Events or Projects:

Month	Event or Project
January	New Year's Party
February	Valentine's Party or Black History Event
March	National Craft Month
April	Ice Cream Social and Spa Day
May	Gifts from the Garden
June	National Soul Food Month
July	Summer Fun Talent Show
August	Fiesta
September	Bingo or Fashion Show
October	Halloween Party
November	Giving Thanks Project
December	Christmas Party

Procedures:

- Planning
    - Collaborate with staff and an offender planning crew to identify meaningful themes for monthly events and special projects

    - Each event will include a variety of theme-related activities such as: a food item, a craft or hand-on activity, a film, a physical activity, a social activity, a game
    - When appropriate theme-related decorations will be planned and incorporated
- Implementation
    - Staff and members of the décor crew (when appropriate) secure the needed items and set-up the event space
    - Effort will be made to provide opportunities for offenders to contribute to different aspects of the event (e.g., greeter, assist at an activity station, decorate, clean-up)
    - The event will be supervised and facilitated in collaboration with clinical and correctional staff

- Evaluation
    - Offenders will vote on their favorite events and have a method for providing event and project suggestions (e.g., a suggestion box or periodic survey)

Intervention Measurement:

- Goal Attainment Scaling
- Group records (e.g., attendance, group schedules)
- Weekly individual progress notes
- Offender's behavioral incidents (inside/outside of group)

SECTION 3: PROGRAM BUDGET

Rad & Patricia Crocker Rehabilitation & Re-integration Program at the Crain DDP
Start-up Budget Proposal for Supplies & Equipment (Personnel Budget Not Included)

A. Equipment:

Item	**Computation**	**Cost**
Computer (for personnel)	($500 X 2)	$1,000 (provided by UTMB*)
Color printer		$200
Computers (designated for training)	($400 X 8)	$3200
Laser printer (shared; designated for training)		$200
Digital camera	($75 X 4)	$300
Television		$150
TV Cart		$200
DVD player		$40
Laminating machine		$90
Sewing machine		$150
Rolling utility cart		$130
Personnel will need a computer with internet access and email capability to be dedicated to documentation, accessing records, and daily functions of program planning and implementation. A shared printer is needed for generating reports and program implementation functions (e.g., therapeutic handouts). A computer designated will be used for supervised training of offenders on functional computer usage associated with life skills (e.g., job finding and application, functional communication, and therapeutic modules). A digital camera, laminating machine, and sewing machine will be during supervised, therapeutic occupations. A rolling cart will be used for transport of therapeutic supplies to locations of need.		
	Total Equipment	**$5,835** **($4835 if facility provides staff computers)**

B. Supplies:

Nonexpendable Supplies	**Computation**	**Cost**
Office/General Program supplies		$1,030
Horticulture		$900
Craft/Technology		$375
Life Skills		$470
These supplies support services *without the need for replacement* over many years or never. They are divided into the categories above to represent the major types of therapeutic groups within the program. See the attached supply list for details of the types of items that are included within this budgeted amount.		

	Total Nonexpendable	$2,775
Expendable Supplies (support services and require replacement or supplemental purchases)	**Computation**	**Cost**
Office/General Program supplies		$640
Horticulture		$400
Craft/Technology		$1,980
Life Skills		$770
Therapeutic events	($50 X 12)	$600
These supplies support services and *require the need for replenishing* over time. They are divided into the categories above to represent the major types of therapeutic groups within the program. See the attached supply list for details of the types of items that are included within this budgeted amount.		
	Total Expendable	$4,390
	Total Supplies	**$7,165**
	Total Start-up Budget for Supplies & Equipment (Year 1)	**$13,000* (or 12,000 if facility provides staff computers)**

*Other reductions possible if some supplies or equipment received from donations.

Annual Budget Proposal for Equipment & Supplies (Personnel Budget not Included)

This budget estimates the cost of operating the program on an annual basis after the initial start-up costs associated with the first year.

Item	**Computation**	**Cost**
Equipment (maintenance & upgrades)	6% of purchase costs (5,445 X .06)	$327
Supplies (expendables & upgrades to expendables)	(4,390 + 4,390 X .06)	$4,653
	Total Annual Budget	**$4,980***

*Other reductions possible if some supplies are received from donation

SECTION 4: PROGRAM EVALUATION MANUAL

Occupational Therapy Service Diagram

Items marked with ★ are specific to the formal pilot study process. Changes to these processes need to be done in collaboration with OT Program Consultant as they are specifically approved by the Institutional Review Board. Items that are not marked with this symbol are more amenable to modifications and new developments.

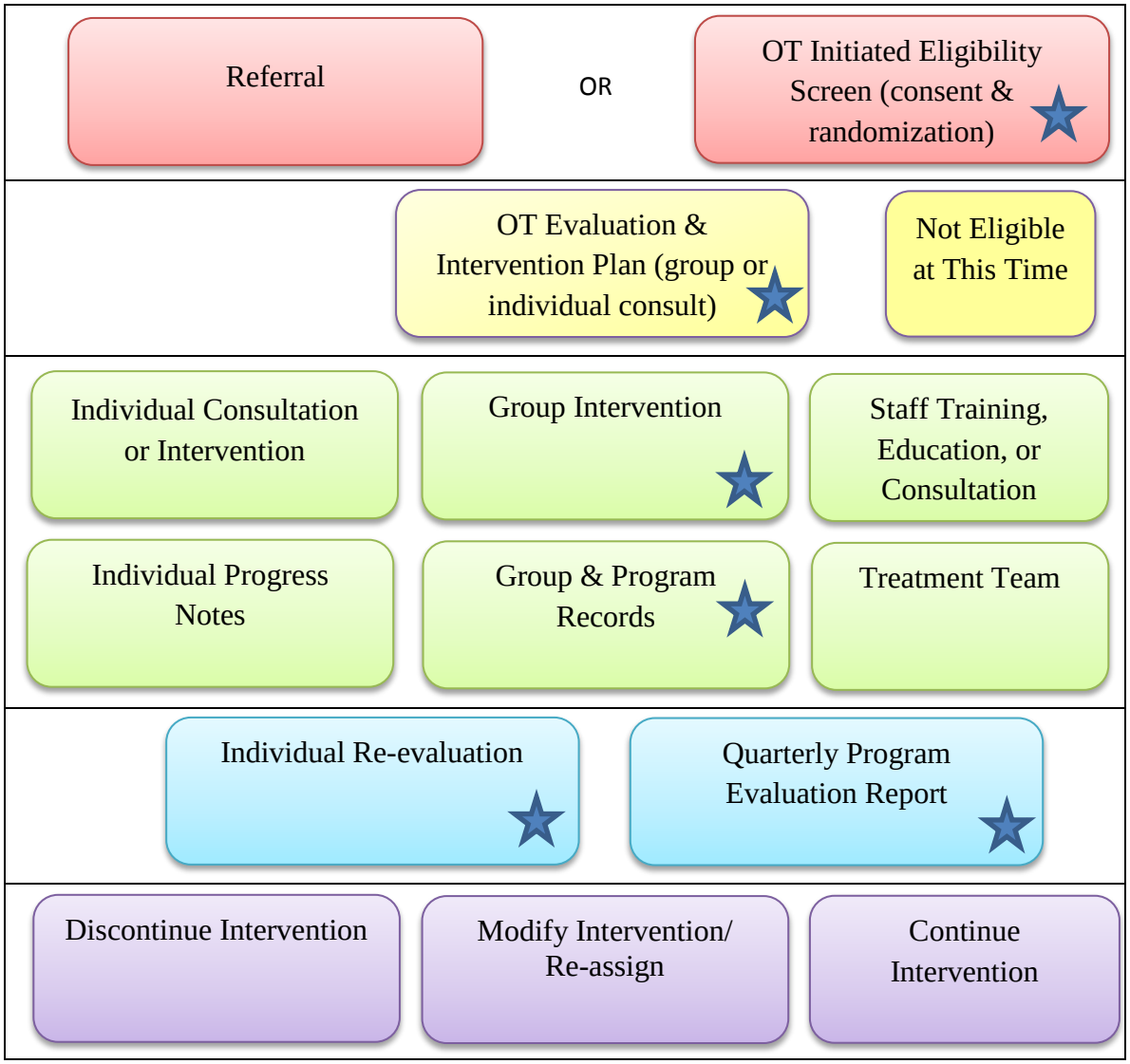
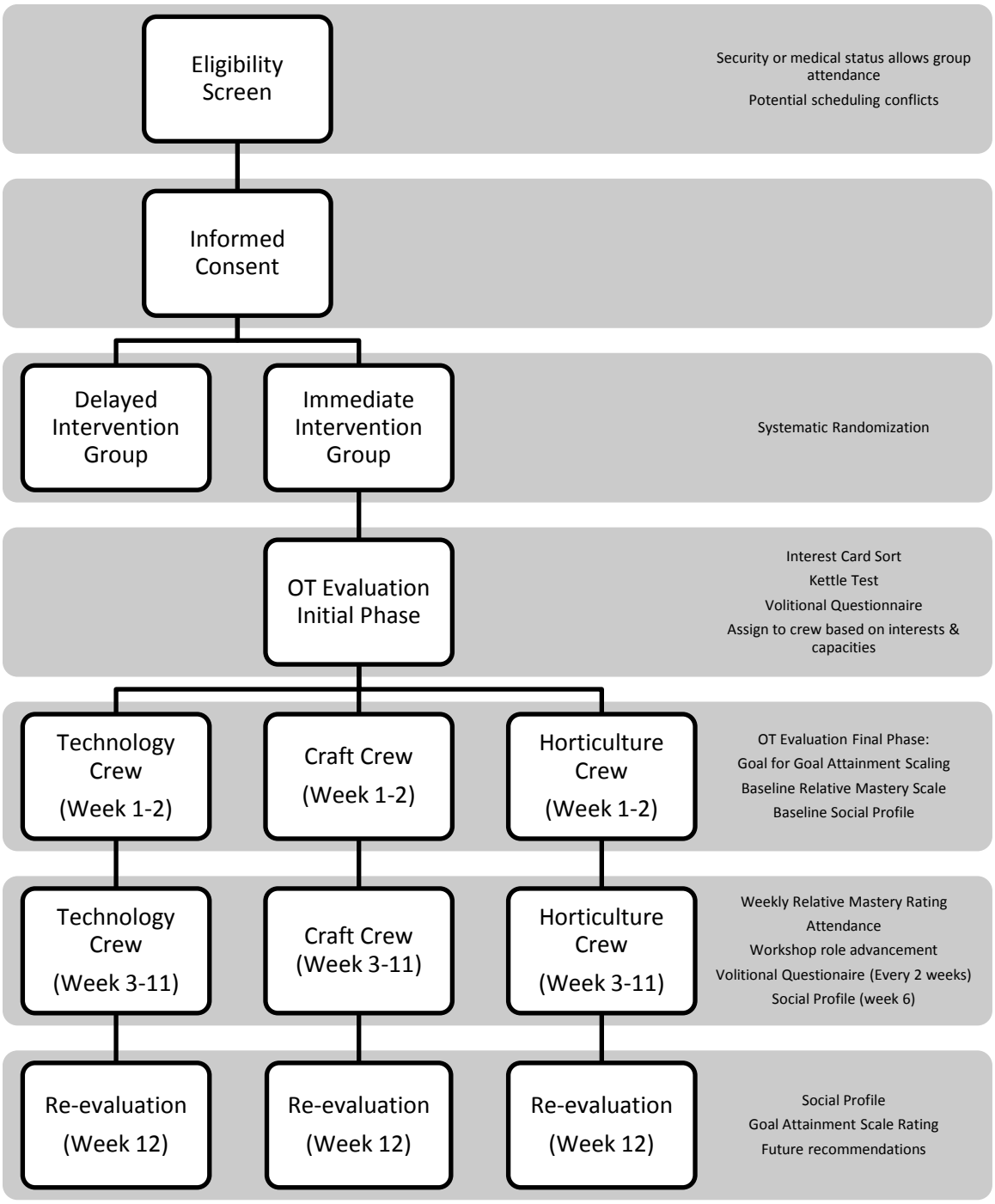


Diagram of Intervention Design



Procedures & Forms for Referral, Eligibility Screening, Consent, & Randomization

Items marked with ★ are specific to the formal pilot study process. Changes to these processes need to be done in collaboration with OT Program Consultant as they are specifically approved by the Institutional Review Board. Items that are not marked with this symbol are more amenable to modifications and new developments.

Referral

Policy: Clinical staff members may refer offenders for OT screening/evaluation using the OT Referral Form. The OT staff will make every effort to complete the requested screen/evaluation within 1 week of receipt.

Procedure:

- The OT Referral Form is made available to the key clinical staff most likely to make referrals (e.g., case management, psychology, medical staff).
- The method for getting a completed referral form to the OT staff is established and communicated (e.g., electronic form by email; paper form by interoffice mail).
- The OT staff recieves that referral and completes a screening/assessment of the referred offender within 1 week of receipt.
- The OT staff documents the results and recommendations of the screening/ assessment in the offender's record and the RPCRR Referral & Eligibility Log.
- The OT staff will follow-through with any recommendations involving an OT intervention and provide any necessary verbal notification of recommendations pertaining to another clinical staff.

Sample of the Referral Log

(Actual Log found on Manual Thumb Drive)

OT Referral Log					
Offender	**TDCJ#**	**Date of Referral**	**Reason for Referral**	**Date Addressed (screen/eval)**	**Outcome (recommendations)**
Sally Smith	*55555*	*1/15/17*	*Social participation*	*1/16/17*	*Scheduled for group evaluation*
Ann Johnson	*26266*	*1/22/17*	*Refusing self-care*	*1/23/17*	*Individual consultation*

Eligibility Screening & Consent 

Policy: All offenders will be screened for program eligibility with the intent to provide intervention to all eligible offenders. Offenders are eligble if they consent to participate, are not on a security or medical status that limits their movement to areas where program activities occur, and participation in other events does not conflict with available program times.

Procedure:

- OT staff will retrieve a list of offenders at the facility and will visit those who do not have a security or medical status that limits ability to attend groups. This visit can be individually or in small groups in the dorm or a service provision room. To aid in the efficiency of initiating the program, other clinical staff such as case management staff, can be recruited to assist in this screening process.
- Staff will use the Offender Participant Recruitment Script to inform the offender about the program, assess her understanding of the information, and obtain her level of interest in participating.
- Staff will review the Offender Participant Consent Form with the offenders who indicate an understanding of and an interest in participating in the program. **The form that is stamped by TWU must be used**. Staff will ask the offender if they have any questions and will verify their understanding by asking them to explain the situation in their own words. The offender who agrees to participate will be asked to sign their name to the Offender Participant Consent Form. Staff will keep the signed copy and provide another copy to the offender to keep. Staff should ensure that a legible name is written somewhere on the form.
- Staff will ask the offender who consents to participate if they are involved in any other scheduled activities and will document their response on the Offender Eligibility Screening Checklist.
- The OT staff will file the signed consent forms in a locked file cabinet. These will be retrieved by the program consultant during a site visit.
- The OT staff will document the eligibility screening outcome by transferring the information from the Offender Eligibility Screening Checklist to the Screening tab of the Referral & Eligibility Log.
- Once the offenders have been screened, the OT staff will use the procedures for randomization to select the intervention groups.

Randomization 

Policy: The initiation of the RPCRR program will involve a systematic sampling method to assign the eligible participants to an immediate intervention group and a delayed intervention groups. This process will allow for the use of a comparison group

for outcome evaluation and accounts for the reality that not all eligible participants can begin intervention simultaneously.

Procedure:

- The OT Staff will print the list of eligible offenders found on the Screening tab of the Referral & Eligibility Log.
- Covering the column that lists the offender's name, the OT staff will mark every 5th listing until 25 names have been marked.
- The 25 offenders randomly selected will be scheduled for an initial OT evaluation group. Each initial OT evaluation group should contain no more than 12 offenders in one session. Preferrably, the evaluation groups should be scheduled within the same week and size should be reflective of staffing needs.
- The OT staff will enter the selected names under the Selected tab of the OT Group Database.
- After the offenders on the selected list have progressed to start the intervention and it is time to start another group(s), the OT staff will again print a list of offenders from the Screening tab of the Referral & Eligibility Log (not to include those who have already been selected). The OT staff will again cover the offender names and mark every 5th listing up to the number of listings needed to fill the next group(s). These offenders are scheduled for an evaluation group and documented under the Selected tab of the OT Group Database.

Occupational Therapy Program Eligibility Screening Checklist

Date: _____ Dorm: _____
Clinician:_____

Offender Name	TDCJ #	Limiting Medical/ Security Status	Signed Consent Form	Schedule Conflicts (type, day, time)	Reason Consent Not Signed
Sally Smith	*11111*	*NO*	✓	*Work T/Th pm*	

Sample of the Eligibility Screening Log
(Actual Log found on Manual Thumb Drive)

OT Eligibility Screen Log						
Offender	TDCJ#	Date of Screen	Limiting med/ security status	Signed Consent	Other Scheduled Events (type, day, time)	Reason Consent Not Signed
Sally Smith	*11111*	*2/1/17*	*No*	Yes	*Work T/Th pm*	

Sample of the OT Group Database (Selected Tab)
(Actual Database found on Manual Thumb Drive)

Selected for Immediate Intervention Group				
Offender Name	**TDCJ #**	**Date Selected**	**Date of Initial OT Eval**	**Assigned Crew**
Sally Smith	*11111*	*1/25/17*	*2/2/17*	*(entered after the initial eval)*

Procedures & Forms for OT Evaluation & Intervention Planning

Items marked with ★ are specific to the formal pilot study process. Changes to these processes need to be done in collaboration with OT Program Consultant as they are specifically approved by the Institutional Review Board. Items that are not marked with this symbol are more amenable to modifications and new developments.

OT Evaluation for Group Intervention Planning ★

Policy: The eligible offenders selected for the immediate intervention group are scheduled for an initial OT evaluation group session not to exceed 12 offenders in a single session (may want to start with 4-8 initially) and lasting for approximately 1 hour. Based on the results of the initial evaluation, the offender will be assigned to the group type/crew that best fits her interests and needs. The final phase of the OT evaluation will be completed using information collected during the offender's first 2 weeks within her assigned crew.

Procedures:

***Initial Phase**:* The focus of this session is to gain information relevant for assigning the offender to the specific type of intervention group that is the best fit for her interests and functional capacities.

- The OT will schedule an initial OT evaluation session by selecting offenders from the available list of offenders under the Selected tab of the OT Group Database. The policies for scheduling offenders for a group will be followed (i.e., lay-in procedures).
- The OT (recommend that the OTA also be involved) will facilitate the following tasks/measures in the order that best fits the therapeutic process. The OT staff will document the evaluation findings on the OT Initial Evaluation Group Data Collection Form during and immediately following the evaluation session.
  - Introductions & name tags
  - Select and facilitate a structured group task. Suggested structured task: Have group members individually customize a journal cover that they will use in future groups.
  - Kettle Test: This test is an individual cognitive screening test. Each offender will need to be scheduled for an individual session or if staffing allows, each offender will be pulled aside during the group evaluation. Follow the test protocol for the Kettle Test located at the back of this section of the manual.
  - Card Sorting Task: Display photos/picture cards representing the types of activities available within each of the Workshop crews. Have each offender identify at least 3 photos/cards they would be most interested to do and at any they would never want to do. Facilitate any discussions around their selections as needed.

    - Volitional Questionnaire: Based on observations of the offender's behaviors during the intervention session, complete the Volitional Questionnaire using the data collection form.
    - Assign to crew: The OT assigns the offender to a specific crew (Horticulture, Craft, or Technology) based on the offender's interests and capacities.
- Within the week of the initial evaluation session, the OT will enter the following data in the OT Group Database:
    - "Selected" tab: enter the assigned crew for the offenders evaluated
    - Enter the offender's information under the crew they are assigned. Tab "H1" is the first Horticulture Crew, "C1" is the first Craft Crew, "T1" is the first Technology Crew, "H2" is the second Horticulture Crew, etc. Enter the start date of the crew, offender's name, TCDJ#, Kettle score, and baseline Volitional Questionnaire score.
- Once there is a sufficient number of offenders to start a crew (ideally 8-12), the crew will be scheduled on the program calendar with a primary facilitator assigned.

Final Phase: This evaluation phase occurs within the first 2 weeks of a new intervention group/crew. The focus of this phase is to gather further observations of the offender's strengths, limitations, and interests over several sessions so that a relevant, individualized performance goal can be established.

- The OT staff will initiate the intervention group/crew using the procedures outlined in the OT Workshop protocol. The first few sessions will likely require the OT staff to provide more education, training, and modeling of activities and behavioral expectations for offenders.
- The OT staff will facilitate opportunities to discuss possible goals and interests with offenders during the first 2 weeks of sessions. This can be accomplished by asking questions, providing examples, and making observations.
- The OT staff will introduce the offenders to the Relative Mastery Rating in one of the group sessions within the first 2 weeks and have each offender provide a self-rating in each category. This process can occur several ways: staff works with several or all members at one time to obtain their individual ratings or approaches offenders individually during a single or over several sessions to obtain their individual ratings. The specific procedures of this measurement tool are located at the end of this section of the manual.
- The OT staff will use the observations made during the first 2 weeks of the group/crew to complete the Social Profile.

- The OT staff will use the information gathered from the observations and interactions made during the first 2 weeks of the group/crew to identify one primary individual intervention goal for each offender in the group using the Goal Bank for Goal Attainment Scaling. The OT will select one goal area from the goal bank that most targets the need and expected outcome for the individual offender. Using the examples provided for that goal area, the OT will select the specific goal that most represents the performance status that is expected for the offender to achieve within the 12 week group process. In other words, it is the goal that represents the realistic potential or unfulfilled capacity of the offender (the just-right challenge) that can be addressed by participation in the group. It is important not to over or under estimate the offender's potential. This can be accomplished by considering the offender's current baseline status along with her observed strengths/resources/ opportunities for achieving the next level of performance/functioning. The individual offender's goal interests should be considered by the OT as well (e.g., the offender reports wanting to learn to get along better with others, indicates motivation for a social related goal).
- The OT staff may desire to use the OT Workshop Weekly Documentation Form that is introduced in the next section during week 1 and 2 to keep attendance and make notes.
- By the end of the first 2 weeks of a new group/crew, the OT will enter the following data in the OT Group Database:
  - Add the offender's final evaluation phase information under the crew they are assigned and following the initial evaluation phase information already documented. Go to the crew/group's tab (i.e., "H1, C1, T1…). Locating the offender's row, enter the attendance, Goal Attainment Scale goal selected from the goal bank, the Relative Mastery Rating, and Social Profile score (this score will be the same for every offender in the group).

OT Evaluation & Intervention Planning for Individual Consults/Referrals

Policy: Offenders who are referred or identified as appropriate will receive an OT evaluation centered on the areas of identified concern and potential strengths or resources for addressing the areas of concern. Ideally the evaluation will be initiated within one week of referral of identification. Evaluation results and recommendations will be documented by the OT staff.

Procedure:

- The OT will schedule the referred/identified offender for an individual evaluation within one week and conduct the evaluation.

- The OT will develop recommendations and a plan for any OT specific interventions.
- The OT will document the information.
    - The date of the evaluation and the primary recommendations are documented in Referral tab of the Referral & Eligibility Log (See Referral procedures).
    - The information will also be documented in the offender's individual record in the format most appropriate (e.g., SOAP note, narrative note, developed form).
- The OT staff will follow-through with any recommendations involving an OT intervention and provide any necessary verbal notification of recommendations pertaining to another clinical staff.

OT Initial Evaluation Group Data Collection Form

Date of Evaluation: _____

Offender:

Recommended Crew:

Kettle Test

Opening water faucet	
Filling kettle with 2 cups of water	
Turning off the faucet	
Assembling the kettle	
Attaching the electric cord	
Plugging into the socket	
Turning on the kettle	
Assembling the ingredients	
Putting ingredients into the cups	
Picking up kettle when it boils	
Pouring water into the cups	
Adding milk	
Indication of task completion	
Total Score	

0=intact performance
1=slow and trial/error but completes
2=general cues
3=specific cueing
4=physical assistance

Card Sort

Activities of interest:

Activities not of interest:

Other Observations

Volitional Questionnaire

Shows curiosity	
Initiates actions/tasks	
Tries new things	
Shows preferences	
Shows that an activity is special	
Indicates goals	
Stays engaged	
Shows pride	
Tries to solve problems	
Tries to correct mistakes	
Pursues activity to completion	
Invests additional energy/emotion/attention	
Seeks additional responsibilities	
Seeks challenges	
Total Score	

1=passive
2=hesitant
3=involved
4=spontaneous

Sample of the OT Group Database (OT Eval Initial Phase Under Specific Crew Tab)

(Actual Database found on Manual Thumb Drive)

Crew: *Horticulture*
Start Date: *12/5/2016*
Stop Date:

		OT Evaluation Initial Phase	
Offender Name	TDCJ#	Kettle Score (0-52)	Baseline Volitional Questionnaire Rating (14-56)
Sally Smith	*11111*	*31*	*21*

Relative Mastery Rating

Relative mastery is one's perception of efficiency, effectiveness, and satisfaction to self and others when evaluating a response to an occupational challenge. The relative mastery rating is a self-report measure designed to identify the individual's level of relative mastery. To make this concept more coherent to the typical client, efficiency is framed as "how smoothly the work went", effectiveness as "quality of work or achievement of one's goal", and satisfaction as "level of pleasure or happiness" with one's work. Relative mastery is traditionally evaluating using a numerical rating scale. To further simplify the concept for individuals with intellectual disabilities, the rating of these concepts is provided using pictures and simple words.

Procedures for Administering the Relative Mastery Scale:

- A poster with the following visual display will be available within the area where group is occurring. Suggest making multiple copies of the options and placing each option along 3 rows on a hanging organizer with clear compartments.
- The offender is asked to think about her performance for the group session that day and select how she feels about her work on the rows for smoothness (efficiency), quality of work (effectiveness), and satisfaction. The offender would select the slip of paper from each row that they relate to and tape/clue the papers in their individual journal and date the entry.
- The OT staff records the offender's rating in the three areas of relative mastery and uses the table on the next page to convert the responses to a numerical rating. This will yield a relative mastery rating from 3 (low relative mastery) to 9 (high relative mastery).

Relative Mastery Rating Scale

	Low (1)	Moderate (2)	High (3)
Efficiency (T)			
Effectiveness (E)			
Satisfaction to self (S)			
Column Totals			
Summary Score (add column totals)			

Self-check Board

How smooth did my work go?	 Rough	 Curvy	 Smooth
How good was my work?	X Poor Work	 Okay Work	✓ Good Work
How do I feel about my work?	 Sad or Mad	 Okay	 Happy

Goal Bank for Goal Attainment Scaling

Construct	Prosocial adaptive response behavior			
Goal Area	Social Participation			
Expected Levels of Outcome* Social Interaction	Independently initiates social interaction with peer/staff	Interacts with peer/staff with indirect verbal cue or modeling	Interacts with peer/staff with direct verbal cue	Interacts when initiated by peer/staff
Communicating Needs or Wants/ Help seeking	Independently & appropriately expresses needs or wants	Appropriately expresses need or want with indirect verbal cue or modeling	Appropriately expresses need or want with direct verbal cue	Corrects expression of need or want with feedback regarding appropriateness of strategy
Prosocial behavior/altruism	Independently demonstrates appropriate concern for another	Demonstrates appropriate concern for another with indirect cue or modeling	Demonstrates appropriate concern for another with direct verbal cue	Voluntarily participates in altruistic tasks as a part of the regular group process
Goal Area	Emotional Regulation & Coping			
Expected Levels of Outcome* Persists through challenges	Independently persists through challenges	Persists through challenges with indirect cue or modeling	Persists through challenges with direct verbal cue	Persists through a portion of a challenge with direct verbal cue
Frustration tolerance	Independently manages frustration in appropriate, timely manner	Appropriately manages frustration with indirect cue or modeling	Appropriately manages frustration with direct verbal cue	Appropriately manages frustration at least 50% (with or without cueing)
Generate novel coping skill/ problem solving	Independently demonstrates novel coping strategy to overcome challenge	Demonstrates novel coping strategy with indirect cue or modeling	Demonstrates novel or appropriate existing coping skill with direct verbal cue	Demonstrates appropriate use of existing coping skills with fewer prompts
Goal Area	Performance Behavior/External Role Expectations			
Expected Levels of Outcome* Independence in task	Independently performs required steps for completion of a	Performs required steps for completion of a project with	Performs required steps for completion of a project with	Performs a portion of the required steps for completion of a

performance	project	indirect cue or modeling	direct verbal or physical cues	project with or without assistance
Organization	Independently organizes the workspace	Organizes the workspace with indirect cue or modeling	Organizes the workspace with direct verbal or physical cues	Organizes a portion of the workspace with or without cues
Sets standards/ leadership/ awareness of external expectations	Independently sets standards of quality for projects consistent with external role expectations	Sets standards of quality consistent with external expectations with indirect cue or modeling	Sets standards of quality consistent with external expectation with direct verbal cues	Sets standards of quality that are partially consistent with external expectations
Hygiene, grooming, & basic self-care	Independently and consistently perform hygiene and grooming consistent with external role expectations	Performs hygiene and grooming with indirect cue or modeling	Performs hygiene and grooming with direct verbal and/or physical cues	Performs hygiene and grooming at least 50% of the time with or without prompts
Goal Area	Problem solving & Decision Making			
Expected Levels of Outcome* Planning/ decision making/ creating	Independently plans/creates a project	Plans/ creates a project with indirect cue or modeling	Plans/creates a project with direct verbal and/or physical cues	Plans/creates a portion of a project with or without assistance
Awareness of & correction of mistakes/ modifying approach	Independently identifies & corrects mistakes or modifies approach	Identifies & corrects mistakes or modifies approach with indirect cue or modeling	Identifies & corrects mistakes or modifies approach with direct verbal and/or physical cues	Corrects a portion of mistakes with or without assistance
Construct	Relative mastery			
Goal Area	Self-esteem & Competency			
Expected Levels of Outcome* Positive self-statements	Verbalizes positive self-statements at least 2 times per session	Verbalizes positive self-statements at least 1 times per session	Verbalizes positive self-statements at least 1 time per session with indirect cue or modeling	Verbalizes positive self-statements at least 1 time per session with direct cue

Construct	Desire for mastery			
Goal Area	Motivation			
Expected Levels of Outcome* Participation/ Goal-directed behavior/ self-initiation	Independently initiates goal-directed behavior	Initiates goal-directed behavior with indirect cue or modeling	Initiates goal-directed behavior with direct verbal cue	Initiates goal-directed behavior with proximity or tactile cue

*Expected outcome level selected based on the capacities of the individual offender.
**Methods for grading the goals: frequency, percentage, intensity, type of cueing (no cue-indirect verbal cue or modeling-direct verbal cue-proximity or tactile cue)

Procedures & Forms for OT Interventions & Documentation

Items marked with ★ are specific to the formal pilot study process. Changes to these processes need to be done in collaboration with OT Program Consultant as they are specifically approved by the Institutional Review Board. Items that are not marked with this symbol are more amenable to modifications and new developments.

Group Intervention (OT Workshop) ★

Policy: As described in the OT Evaluation & Intervention Planning section, the offender is assigned by the OT staff to one of three workshop crews (horticulture, craft, or technology). The group is facilitated using the OT Workshop group protocol. The first two weeks are centered on orienting the offenders to the group process and the procedures outlined in the final evaluation phase. The procedures below outline the processes involved in weeks 3-11 of the group. The procedures for week 12 will be outlined in the OT Re-evaluation section.

Procedure:

- The OT staff will facilitate the group/crew using the OT Workshop Protocol.
- The OT staff will track the progress and data collection of the group using the OT Workshop Weekly Documentation Form. This form is designed to provide an accessible location to input group information (versus the computerized database that is less accessible during group). It is recommended that the OT staff input the offender's names and Goal Attainment Scale goals (GAS) by computer and make copies of the form for each week in order to avoid having to write/type this information each week.
    - The OT staff will mark attendance on the form. If the reason for an offender missing a session is known, this will be noted in the attendance space (i.e., refusal, medical restriction, behavioral restriction, schedule conflict).
    - The OT staff will **weekly** administer the Relative Mastery Rating Scale using the Relative Mastery Rating procedures for each offender in the group. There is a column on the weekly documentation form to input this information during group.
    - The OT staff will document the primary task(s) that the offender participated in that **week** using a brief description of a few words (e.g., designed new flower bed; began craft project; completed document using Word). This can be entered into the "Primary task(s)" column of the form.
    - The OT staff will document if the offender meets the expectations to advance to the next workshop crew role (apprentice or master craftsman). Should this advancement occur during the week, this is documented in the "role advance" column.

- In addition to the time administered during the initial OT evaluation, the OT staff will administer the Volitional Questionnaire (VQ) for each offender in the group on **weeks 4, 6, 8, 10**. The VQ results can be documented using the Volitional Questionnaire Score Form.
- In addition to the time administered during the final OT evaluation (week 1or 2), the OT staff will administer the Social Profile on **week 6** using the Social Profile score form.
- The OT staff will using the "progress/notes" column of the form to document any progress toward goals or other significant response to the intervention using a brief description.

- By the end of each week (3-11), the OT staff will enter the following data in the OT Group Database (this information can be transferred from the forms introduced above):
  - Add the offender's weekly group participation information under the crew they are assigned and following the initial and final evaluation phase information already documented. Go to the crew/group's tab (i.e., "H1, C1, T1…). Locating the offender's row, go to the columns labeled Progress Data Week 3-11, enter the attendance ratio with any reason missed, weekly task performed (these may be same/similar for each offender), the Relative Mastery Rating, role advancement date(s), summary of progress/notes, Volitional Questionnaire Rating, and Social Profile score (this score will be the same for every offender in the group).

Wellness and Life Skills Group Protocols

Policy: The start of the RPCRR program is focused on initiating the OT Workshop protocol for the first year. Initiating the Wellness or Life Skills group protocols should only be considered for offenders who have at least completed 12 weeks of a workshop crew. Ideally the initiation of these protocols will not occur within the first year unless it has been discussed with the program outcomes coordinator.

Procedure:

- Upon approval to initiate the Wellness or Life Skills group protocol, the OT staff will facilitate the group using the provided protocols. Adjustment to topics, activities, or procedures should be documented by the OT staff.
- The OT staff will document the group in the OT Group Database by creating a tab for each group. The content of the database should include offender name, TDCJ #, session topic, session activity(s), attendance, progress towards objectives. This database can be created in collaboration with the program outcomes coordinator.

Individual Consultation or Intervention

Policy: The OT staff will implement and document any individual OT-specific recommendations identified by the OT evaluation or screen. This policy is related to interventions directed toward an individual offender versus those that are directed toward a care provider. Consultative services directed toward the care provider are found in the Provision of Staff Training section below.

Procedure:

- The OT staff will schedule and provide the identified individual treatment plan developed during the OT evaluations/screening process.
- The OT staff will document the information.
    - The intervention provided and the outcome demonstrated will be documented in the offender's individual record in the format most appropriate (e.g., SOAP note, narrative note, developed form).
    - The date (i.e., frequency) of the intervention session will be documented in OT Program Records database under the Individual Consult tab. Once the series of interventions are complete a brief summary of the outcome will be documented under the same tab.

Individual Progress Notes

Policy: The OT staff will document the provision of OT services using the policies outlined throughout this document. In addition to the information documented in the OT Group Database, OT staff will document a summary of the individual offender's participation and progress for offenders involved in group interventions within the offender's individual record. The following circumstances may indicate that the OT staff document information within an individual offender's record (this is the medical record for the offender versus the OT specific records):

- Completion of an individual evaluation or screen.
- Completion of a single or series of individual consultative services.
- The offender that is involved in group interventions displays a significant behavioral outcome or incident (e.g., behavior that significantly disrupts group or requires temporary/permanent dismissal from the group; behavior that involves reporting to staff such as suicidal ideation; behavior that requires incident report such as an injury; significant change in typical behavior or performance).
- The offender has completed all scheduled group sessions (at re-evaluation).

Procedure:

- The OT staff will identify circumstances in which documentation in an individual offender's medical record is appropriate (examples provided above).
- The intervention provided and the outcome demonstrated will be documented in the offender's individual record in the format most appropriate (e.g., SOAP note, narrative note, developed form).

Coordination of Monthly & Seasonal Therapeutic Events

Policy: The OT staff will collaborate with the facility staff in coordinating and implementing facility-wide events such as activity days and special projects. These events will provide meaningful, therapeutic opportunities for eligible offenders to participate in motivating and productive activities within a positive social milieu.

Procedure:

- The OT staff will plan and coordinate special events using the description and examples provided in the Monthly & Seasonal Therapeutic Events Protocol.
- The OT staff will document this service in the OT Program Records database under the Special Events tab.

Provision of Staff Training, Education, or Consult

Policy: The occupational therapy staff will provide educational presentations, training sessions, or consultation sessions to individual or groups of clinical and correctional staff and community groups addressing the occupational needs of individual or groups of offenders with cognitive and mental health needs. The OT staff will be perceptive and responsive to the individual and group training needs of the facility and related community. The occupational therapy staff will be available to consult with clinical and correctional staff as a part of an interprofessional team addressing service needs.

Procedure:

- Per request or perceived need, OT staff will schedule the group or individual training for the target population through the scheduling policies of the facility. The training can be scheduled directly with the person when it involves 1-3 individuals.
- The OT staff will design and implement the training information using strategies for adult learners consistent with the target audience's known educational and training background. Whenever appropriate, hands-on experiential exercises, examples, and practice along with opportunity for return demonstration/ competency or confirmation of understanding will be provided as a component of the training.

- The OT staff will obtain the signature of the individual(s) receiving a formal training/educational/consultative session. A filing of this record will be maintained by the OT staff.
- The OT staff will document the training session in the OT Program Records database under the Staff Training tab.

Treatment Team Participation

Policy: At least one member of the OT staff will be represented at the treatment team meeting. The OT staff will be prepared to provide any information that falls under the OT domain and practice that is relevant for contributing to the treatment plans being reviewed/ developed.

Procedure:

- The OT staff will obtain information regarding the scheduled treatment team meetings and the specific treatment plans scheduled for review/development. The OT staff will coordinate who is responsible for attending which meetings.
- The OT staff will gather information pertinent to the scheduled offenders in preparation to contribute to the meeting.
- The OT staff will actively contribute to the meeting by providing information relevant to treatment plan. Examples include: evaluation/screening results, recommended OT interventions and therapeutic goals, interventions attended/ provided and progress towards goals, recommendations for other services/interventions.
- The OT staff will follow through with any tasks specific to OT that are identified or recommended during the meeting.

OT Workshop Weekly Documentation Form

Crew: _____ **Week:** 1 2 3 4 5 6 7 8 9 10 11 12

* Administer VQ (wk 4,6,8,10,12) & Social Profile (wk 1,6,12)

		Attendance		RM Rating					
Offender	GAS	1	2	T	E	S	Primary Task(s)	Role advance	Progress/ notes

Volitional Questionnaire Score Form

Crew: ______________________________ **Week:** 4 6 8 10 12

1=passive 2=hesitant 3=involved 4=spontaneous

Offender:

Shows curiosity	
Initiates actions/tasks	
Tries new things	
Shows preferences	
Shows that an activity is special	
Indicates goals	
Stays engaged	
Shows pride	
Tries to solve problems	
Tries to correct mistakes	
Pursues activity to completion	
Invests additional energy/emotion/attention	
Seeks additional responsibilities	
Seeks challenges	
Total Score	

Offender:

Shows curiosity	
Initiates actions/tasks	
Tries new things	
Shows preferences	
Shows that an activity is special	
Indicates goals	
Stays engaged	
Shows pride	
Tries to solve problems	
Tries to correct mistakes	
Pursues activity to completion	
Invests additional energy/emotion/attention	
Seeks additional responsibilities	
Seeks challenges	
Total Score	

Offender:

Shows curiosity	
Initiates actions/tasks	
Tries new things	
Shows preferences	
Shows that an activity is special	
Indicates goals	
Stays engaged	
Shows pride	
Tries to solve problems	
Tries to correct mistakes	
Pursues activity to completion	
Invests additional energy/emotion/attention	
Seeks additional responsibilities	
Seeks challenges	
Total Score	

Offender:

Shows curiosity	
Initiates actions/tasks	
Tries new things	
Shows preferences	
Shows that an activity is special	
Indicates goals	
Stays engaged	
Shows pride	
Tries to solve problems	
Tries to correct mistakes	
Pursues activity to completion	
Invests additional/energy/emotion/ attention	
Seeks additional responsibilities	
Seeks challenges	
Total Score	

Offender:

Shows curiosity	
Initiates actions/tasks	
Tries new things	
Shows preferences	
Shows that an activity is special	
Indicates goals	
Stays engaged	
Shows pride	
Tries to solve problems	
Tries to correct mistakes	
Pursues activity to completion	
Invests additional/energy/emotion/ attention	
Seeks additional responsibilities	
Seeks challenges	
Total Score	

Offender:

Shows curiosity	
Initiates actions/tasks	
Tries new things	
Shows preferences	
Shows that an activity is special	
Indicates goals	
Stays engaged	
Shows pride	
Tries to solve problems	
Tries to correct mistakes	
Pursues activity to completion	
Invests additional/energy/emotion/ attention	
Seeks additional responsibilities	
Seeks challenges	
Total Score	

Sample of the OT Program Records Database (Individual Consult Tab)
(Actual Database found on Manual Thumb Drive)

Log of Individual Interventions or Consults for the Offender

Offender	TDCJ #	Recommended Frequency	Dates of Intervention Provided	Outcome
Sally Smith	*11111*	*3 sessions 2x/wk for 2 wks*	*3/2/17; 3/10/17; 3/20/17*	*Improved hygiene practices as demonstrated by offender and reported by officer*
Janna Stark	*23233*		*3/15/17; 3/17/17*	

Sample of the OT Program Records Database (Special Events Tab)
(Actual Database found on Manual Thumb Drive)

Log of Monthly & Seasonal Therapeutic Events

Date of Event	Theme or Description of Event	Number of Participants
2/14/17	*Valentine-themed event; activities included short film, preparing snacks, and craft to express appreciation to someone else*	*25*

Sample of the OT Program Records Database (Staff Training Tab)
(Actual Database found on Manual Thumb Drive)

Log of Staff and Community Training, Education, or Consultation Sessions

Date of Session	Provider	Type of Training	Brief Description	Primary Audience	Number of Participants	Brief Outcome
Example: 1/25/17	*Kelly Taylor, OTR*	*Individual Staff Consult*	*Strategies for encouraging hygiene practices for specific offender*	*Officer Roberta Jordan*	*1*	*Officer verbalized accurate understanding of the strategies provided and her plan for utilizing them when working with the offender*
2/3/17	*Mandy Stark, COTA & Kelly Taylor, OTR*	*Group Training/ ed.*	*Presentation and practice of strategies for modifying work tasks for offenders with various cognitive levels*	*Officers and clinical staff of DDP Program*	*12*	*All participants demonstrated basic competencies during practice exercises; positive verbal feedback from participants*

Procedures & Forms for OT Re-evaluation & Program Reports

Items marked with ★ are specific to the formal pilot study process. Changes to these processes need to be done in collaboration with OT Program Consultant as they are specifically approved by the Institutional Review Board. Items that are not marked with this symbol are more amenable to modifications and new developments.

OT Re-evaluation ★

Policy: The offenders in each workshop crew will be re-evaluated within the twelfth week of the group. For the initial program pilot (first year), the offender will not begin a new group or continue with the existing group until the time period of the pilot is complete. Following the completion of the first year of the program, the re-evaluation process will result in one of the following recommendations by the OT: continue with existing as is or with some re-organization, discontinue group, or a new group.

Procedure:

- The 12th week of the group intervention continues to be facilitated using the OT Workshop Group protocol; however, the OT staff will administer the following re-evaluation processes during this week.
  - The OT staff will administer the Relative Mastery Rating, Volitional Questionnaire, and Social Profile using the procedures already outlined in this manual.
  - The OT staff will determine each individual offender's outcome using the Goal Attainment Scale Rating.
    - The OT refers to the expected goal that was identified for the offender during the final phase of the evaluation and considers the current performance standard achieved by the offender. The OT then uses the following scale to rate the offender using the Goal Attainment Scale:

Rating	Description
-2	Offender is performing **worse** than baseline performance status
-1	Offender is performing at their same **baseline** performance status
0	Offender is performing at the performance status identified in their written **goal**
+1	Offender is performing **a little better** than identified in their written goal
+2	Offender is performing **a lot better** than identified in their written goal

  - The OT staff will also identify future recommendations upon completion of the group (e.g., a different group, continue with

existing group, discontinue service at this time, individual consultation).

- By the end of each week 12, the OT staff will enter the following data in the OT Group Database (some of this information can be transferred from the OT Workshop Weekly Documentation Form):
    - Add the offender's re-evaluation information under the crew they are assigned. Go to the crew/group's tab (i.e., "H1, C1, T1…). Locating the offender's row, go to the columns labeled OT Re-evaluation (week 12), enter the attendance ratio with any reason missed, weekly task performed (these may be same/similar for each offender), the Relative Mastery Rating, Volitional Questionnaire Rating, Goal Attainment Scale Rating, Social Profile score (this score will be the same for every offender in the group), and future recommendations.
    - The OT staff may determine that it is appropriate to document a summary note within the offender's medical record.

Quarterly Reports

Policy: The OT staff will complete a report that summarizes the status of program services for the previous three months. The report is due the first Friday of the month for the report periods: January – March, April – June, July – September, October – December.

Procedure:

- The OT staff will access the Quarterly Report Template and complete the form as instructed on the template.
- The OT staff will save the completed quarterly report by saving it or exporting it as a PDF so that the template can be re-used for the next report.
- At a minimum, the OT will provide the report to the program outcome coordinator (Laurie), Patricia Crocker, OT supervisor at the Crain Unit, and Bev Echols.

Program Budget & Inventory

Policy: The OT staff will request needed program supplies using the facility policies for such requests and collaborating with security staff regarding inventory and security procedures. The OT staff will track program supply purchases using the budget spreadsheet and an inventory list. The OT staff will also keep a list of supplies for future purchase.

Procedure:

- The OT staff enter information regarding program supplies purchased under the Expenses tab of the OT Program Record.
- The OT staff can enter any supplies that need to be purchased in the upcoming months and any longer term "wish list" items under the Wish List tab of the OT Program Record. This information can be referred to when community partners, academic programs, or donors ask about program needs.
- The OT staff will track program supply and equipment inventory under the Inventory tab of the OT Program Record.

Community Partners

Policy: Community partners include volunteer mentors, donors, OT workshop "customers", and students from professional programs (i.e., occupational therapy students). The strategic involvement of community partners adds an essential therapeutic component to the success of the RPCRR. All of the facility's procedures for involving volunteers and donations are followed by the RPCRR. The RPCRR staff is responsible for recruiting and coordinating appropriate community partners and ensuring the relevant policy and procedures are adhered to.

Procedures:

- The initiation and use of a community partner will be documented by the OT staff using the Com Partner tab of the OT Program Record.
- A summary of community partner use is included in the quarterly report.

Weekly/Daily Scheduling Worksheet & Documentation Checklist

Policy: The OT staff will maintain a system for scheduling their weekly tasks to insure consistency and quality of services and documentation of services.

Procedure:

- The OT staff may use the Scheduling Worksheet to develop their weekly schedule.
    - The OT lists the tasks that need to be addressed during the week in the Weekly Tasks table.
    - The OT then assigns these tasks to a day and time (am or pm or specific time) on the Daily Tasks table.
    - The OT uses the Documentation Checklist to ensure all required documentation is completed for the week.

Sample of the OT Group Database (Re-evaluation Under Specific Crew Tab)

(Actual Database found on Manual Thumb Drive)

Re-evaluation (Week 12)						
Weekly Attendance (as a ratio) & reason missed	Weekly relative mastery rating (# for T, E, S)	Volitional Questionnaire Rating (14-56)	Social Profile Week 12(average for M,S,B, A,P)	Goal Attainment Scale Rating (-2, -1, 0, +1, +2)	Other Comments	Future recommendations
2 of 2	*T3, E3, S3*	*49*	*M3,S4,B5,A5, P1*	*0*		*Craft crew; another horticulture crew*

Scheduling Worksheet & Documentation Checklist

Clinician: _____ **Week:** _____

Weekly Tasks

Referrals _____ _____ _____	**Eligibility Screens** _____ _____ _____	**Individual Evaluations** _____ _____ _____
Evaluations Initial Phase _____ _____ _____	**Evaluations Final Phase** _____ _____ _____	**Groups** _____ _____ _____ _____ _____ _____
Re-evaluations _____ _____ _____	**Individual Consults** _____ _____ _____	
Staff Trainings/Consults _____ _____	**Therapeutic Event Prep/ Implementation** _____	**Other** _____ _____ _____ _____
Treatment Team	**Documentation Time**	

Weekly Documentation Checklist

Referral & Eligibility Log
- ☐ Referrals
- ☐ Screenings

OT Group Database
- ☐ Initiated group (selected)
- ☐ Evaluation Initial Phase
- ☐ Evaluation Final Phase
- ☐ Weekly Outcomes

OT Program Record
- ☐ Staff training
- ☐ Individual consults
- ☐ Special events
- ☐ Expenses, wish list, inventory
- ☐ Community partners
- ☐ Quarterly Report
- ☐ Notes in offender record

APPENDIX B

Offender Recruitment Script

Offender Participant Recruitment Script

"My name is [Name] *and I am* [position]. *Records show that you would be able to participate in a new occupational therapy program being offered here. The program is made to work with you to find a group that will fit with the things that you like to do. It is also made to help improve skills for everyday life. Activities will be things such as crafts, gardening, or working with computers. You can decide whether you want to participate in the program or not. You can stop participating at any time. You will not be in trouble if you choose not to participate. To help us show whether the new program is helpful or not, we will be collecting information such as goals accomplished and your ideas of how you are doing. Do you have any questions about what I have said?"*

"Can you tell me in your own words what I have explained to you?"

"Are you interested in being involved in this program?"

If the offender reports "yes": *"I will go over this information with you* [consent] *and get your signature if you still want to be involved."*

If the offender reports "no": *"Thank you for your time."*

APPENDIX C

Offender Consent Form

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Impact of an Occupation-based Program for Incarcerated Women with Intellectual and Developmental Disabilities

The Purpose

We want to see if the new occupational therapy program helps offenders have important and healthy things to do. We can use this information to make the program better. You have been asked to participate because you live here and are able to go to groups.

The Steps

You will be asked to go to a group where the therapist will ask you about things you would like to do. The therapist will help you pick a group that will do things such as gardening, crafts, or computers. You will go to this group 2 times every week for 12 weeks. Each session will last a little over an hour. You will have a goal that you are working on. The therapist will ask you how you think you are doing and if you like what is going on. The therapist will write how well you are doing. You might start the group very soon or there might be some time you have to wait before you start the group because there are a lot of people here to get started.

What Could Happen (Risks)

Confidentiality is keeping your private information private. Confidentiality will be protected to the extent that is allowed by law. We will not use your name or number when we write about the program. Your information will be kept in a locked up place. It will be deleted or shredded 4 years after the study is over.

If your body feels sore or tired, you can take a break or ask to leave the group. The therapist will help make the activities just-right. Outside groups will be on a different day if the weather is bad or too hot.

Some activities use tools such as scissors or gardening tools. The therapist will show you how to use the tools and will help you.

If you become upset about anything, you can ask to talk to your occupational therapist or case manager. The therapist will try to help you if you are upset.

The researchers will try to keep any problems from happening because of this research. You should tell the therapist at once if there is a problem and they will help you.

Participation and Benefits

It is your free choice to participate in this study or not. The thing you get out of participating in this study is free occupational therapy services and different activities you can do. If you want to know what is happening with the study you can ask your occupational therapist.

Initials

Questions About the Study

You will be given a copy of this form to keep. If you have questions about the research, you tell your occupational therapist or case manager your questions or concerns. They will ask the researchers for you.

_____ _____

Signature of Participant Date

APPENDIX D

IRB Approval Letter

Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378
email: IRB@twu.edu
http://www.twu.edu/irb.html

DATE: November 7, 2017

TO: Ms. Laurie Stelter
Occupational Therapy

FROM: Institutional Review Board (IRB) - Denton

Re: Extension for Impact of an Occupation-Based Program for Incarcerated Women with Intellectual and Developmental Disabilities (Protocol #: 19297)

The request for an extension of your IRB approval for the above referenced study has been reviewed by the TWU IRB (operating under FWA00000178) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. If subject recruitment is on-going, a copy of the approved consent form with the IRB approval stamp is enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. A copy of the signed consent forms must be submitted with the request to close the study file at the completion of the study.

This extension is valid one year from December 1, 2017. Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any unanticipated incidents. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Cynthia Evetts, Occupational Therapy

APPENDIX E

Staff Consent Form

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Impact of an Occupation-based Program for Incarcerated Women with Intellectual and Developmental Disabilities

Investigator: Laurie Stelter, OTR, MA.....laurmark@twu.edu [redacted]
Advisor: Cynthia Evetts, OTR, PhD.....cevetts@twu.edu

Explanation and Purpose of the Research

The purpose of this research is to evaluate the impact of an occupational therapy program on the occupational performance of offenders in the Developmental Disabilities Program. This information will be used to maximize the effectiveness of services to the offender. You have been asked to participate in this study because you are a staff member at this facility with knowledge of typical daily routines and habits of the offenders.

Description of Procedures

As a participant in this study, you will be asked to spend one hour of your time in a face-to-face interview with the researcher before the occupational therapy program begins to provide services and a second one hour interview after the program has been in operation for a period of time. The researcher will ask you questions related to your understanding of the typical routines, activities, and habits of offenders at the facility. The researcher will take written notes of your responses and verify the accuracy of the notes with you. No audio recording devices will be used. In order to be a participant in this study, you must be employed at this facility. In addition to your consent, the ability, time, and extent of participation is subject to the Warden's discretion.

Potential Risks

A risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The interview will be held in a private location that you and the researcher have agreed upon, subject to the warden's discretion. The written interview notes will have all identifying information removed and be kept in a locked cabinet in the researcher's private office. Only the research and her advisor will have access to the written interview. The written interview will be deleted four years after the study is finished. The results of the study will be reported in journals or program evaluation reports but your name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email or internet transactions.

The researcher will ask you to report any differences you have noticed, if any, after the start of the occupational therapy program. She will also ask your opinion on ways services can be improved. A possible risk in this study is discomfort with these questions you are asked. If you become tired or concerned you may take breaks or ask questions as needed. You may stop answering questions at any time and end the interview.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Initials

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. There are no repercussions for not participating or later withdrawing participation. As a participant in this study you will be eligible to receive a free continuing education class designed to further your skills in effectively working with offenders with specialized needs. The quality of services provided to offenders in your place of employment could be positively impacted by the information gained in this study. If you would like to know the results of this study we will mail them to you.*

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

_____ _____

Signature of Participant Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____
or
Address:
_____

_____

_____

Approved by the
Texas Woman's University
Institutional Review Board
Approved: December 1, 2017

APPENDIX F

Staff Interview Guide

Staff Interview Guide

Introductory Script and Consent

"Thank you for being willing to meet with me today. To remind you, the purpose of this interview is to provide information that helps describe the typical daily routines and habits of offenders at this facility. The offenders may have less insight into some of these issues; therefore, staff members have been asked to add to this understanding. By being able to describe the typical routines and habits that occur here, we will be able to communicate the impact that the new occupational therapy program has on these areas. This will help us decide how the program needs to improve or expand to serve the needs of the offenders."

"I anticipate that this interview will last an hour or less. You will have the opportunity for a second interview after the new program has been in operation for a while. This process is voluntary and you have the right to stop the interview or your involvement at any time with no repercussions to you. I will be recording our conversation so that I can more accurately remember the things that we talk about. Do you have any questions before I review the informed consent form with you?"
(Review the consent form and obtain signature.)

Interview Questions Time One

1. How long have you worked at this facility?
2. How long have you worked in a prison setting?
3. What is your job title?
    a. What do your primary responsibilities include in this position?
4. When you think about the typical day of the typical offender at this facility, what activities are they involved in from the time they get up to the time they go to sleep?
    a. Morning activities?
    b. Afternoon activities?
    c. Evening activities?
    d. If not already mentioned, what self-care activities occur and when are they typically performed?
    e. Other activity categories to prompt if not mentioned: communication tasks; health management tasks; religious/spiritual expression tasks; maintaining personal space and possessions; educational/learning tasks; work tasks; leisure tasks/hobbies; social participation; physical activity
    f. When it comes to daily routines, what non-typical situations come to mind?
        i. Offenders who are under-active?
        ii. Offenders who are highly active?

iii. Activities that don't occur daily but occur sometimes (e.g., weekly, monthly, yearly)?

5. Which of these activities, if any, does the typical offender need assistance with?
    a. How much assistance?
    b. What kind of assistance (i.e., verbal prompts; demonstration prompts; modify the environment or task; physical guidance; have to do the task for them)?
    c. Who is usually providing this assistance?
    d. Would you describe the assistance provided as too much, too little, or just right? Why?
6. What activities seem to have the most meaning or importance to the typical offender?
    a. What activities, if any, don't seem to be important or meaningful to the offender?
7. What environments or locations at the facility does the typical offender spend her time during the day?
8. What seems to be the most common barriers that limit the offender from performing or taking advantage of opportunities for activity that are available?
9. When thinking about habits, what positive habits have you noticed occurring in the offenders' behaviors?
    a. What negative habits?
10. What activities, if any, seem to provide the offender with the opportunity to experience a social or life role? (Prompt: For example, we may have a role of a family member, parent, or work. What opportunities for experiencing a "role" does the offender have?)
11. What would you like to see happen, if anything, to the types and amount of activity opportunities at this facility for offenders?
    a. What potential opportunities for activity are possible at the facility but not currently occurring or available?
12. What else do you think is important for us to talk about?
13. Do you have any questions for me?
14. Are you willing to be contacted about the second interview?

Interview Questions Time Two

1. What differences in daily routines or activities have you noticed since the occupational therapy program started?
    a. Morning activities?
    b. Afternoon activities?
    c. Evening activities?
    d. Weekly, monthly, or yearly activities?

    e. Other activity categories to prompt if not mentioned: communication tasks; health management tasks; religious/spiritual expression tasks; maintaining personal space and possessions; educational/learning tasks; work tasks; leisure tasks/hobbies; social participation; physical activity

2. What differences, if any, have you noted in the offenders' need for assistance with activities?
    a. Changes in what kind of assistance is needed?
    b. Changes in who gives the assistance?
    c. Changes in how the assistance is given?
    d. Changes in how the offender asks for assistance?
3. What differences have you seen, if any, in the offenders' functioning or behavior since the occupational therapy program has started?
    a. Differences in the environment or culture of the facility?
4. What activities seem to have the most meaning or importance to the typical offender?
    a. What activities, if any, don't seem to be important or meaningful to the offender?
5. What environments or locations at the facility does the typical offender spend her time during the day?
6. What seems to be the most common barriers that limit the offender from performing or taking advantage of opportunities for activity that are available?
7. When thinking about habits, what positive habits have you noticed occurring in the offenders' behaviors?
    a. What negative habits?
8. What activities, if any, see to provide the offender with the opportunity to experience a social or life role? (Prompt: For example, we may have a role of a family member, parent, or work. What opportunities for experiencing a "role" does the offender have?)
9. What would you like to see happen, if anything, to the types and amount of activity opportunities at this facility for offenders?
10. What potential opportunities for activity are possible at the facility but not currently occurring or available?
11. In what ways do you feel that the occupational therapy program has met a service need at this facility?
    a. In what ways could it improve to better meet service needs?
12. What else do you think is important for us to talk about?
13. Do you have any questions for me?

Closing Script

"Thank you for your time. You can contact me using the contact information provided at any time. I will be sending you a copy of the results for your review and you will have the opportunity to provide comments."

APPENDIX G

Adverse Event Documentation

TWU Institutional Review Board
Incident Report Form

I. Project Information

Principal Investigator:	Laurie Stelter		
Project Title:	Impact of an Occupation-based Program for Incarcerated Women with Intellectual and Developmental Disabilities; Protocol 19297		
Project Period	From: 12/2/2016	To: current	
Funding Agency:	none		
Funding Agency Project Number	n/a		

Date of Event:	3/9/2018	Date of verbal report to IRB	3/9/2018	Date of Report	3/9/2018

II. Incident

A. Detailed description of the incident:
The PI was made aware by the staff implementing the program being evaluated by the research that participants were being subjected to strip searches following participation in therapeutic programming (a newly implemented policy by Texas Department of Criminal Justice - TDCJ security staff) and that security staff were cohercing offenders to attend programming despite their desire to avoid being subjected to strip searching.

B. Is the incident unexpected given the described procedures, informed consent, and population characteristics? Yes ☒ No ☐

Explain.
Research, program, and consent procedures involve voluntary participation of participants and protection from adverse experiences during participation.

C. Is the incident related or possibly related to participation in the research? Yes ☐ No ☒

Explain.
The incident is related to participation in the therapeutic programming that is being evaluated as part of the research. The adverse policy was instituted by TDCJ staff.

D. Does the incident place participants at greater risk than previously known? Yes ☒ No ☐

Explain
They are subjected to a negative experience (strip searching) and cohersion following participation in the programming that is being evaluated by this research.

III. Corrective Actions

Describe actions to correct problem and prevent recurrence
This research study is discontinued from this point and all related parties will be notified.

Attach copies of all revisions, notifications and correspondence related to correction of the problem

Laurie Stelter
Principal Investigator Signature

3/9/2018
Date

IRB Actions

Signature, IRB Chair

Date

Texas Department of Criminal Justice

Research Coordination – Executive Administrative Services

TDCJ Project #: 765-RM17

Progress Report

Instructions: Please check the appropriate box or complete requested information in all sections.

Date Sent to Researcher:	n/a		Due Date:	n/a
Research Title:	Impact of Occupation-based Programming for Incarcerated Women with Intellectual and Developmental Disabilities			
Principal Investigator:	Laurie Stelter			

Reporting Areas	Yes	No	Comments
Administrative			
IRB Modifications	☐	☑	If Yes, attach revised IRB and supporting documentation
Principal Investigator Change	☐	☑	If Yes, submit IRB approval letter
Secondary Researcher(s) Add / Remove	☐	☑	If added, complete appropriate forms. If removed, indicate name and removal date:
Other (explain):	☑	☐	
Adverse Event	☑	☐	If Yes, complete box below

Data Collection Start Date:	10/1/2017	Data Collection End Date:	3/9/2017
Number of Offenders Enrolled During Report Period:	approximately 30		
List of Units Accessed During Report Period:	Valley Unit of the Crain Unit		
Total Number of TDCJ Offenders Currently Enrolled in Study:	approximately 54		
Data Analysis (Select one)	☐	Currently Analyzing	
	☐	Analysis Complete	
	☑	Not Applicable	
Projected Project Completion Date:	n/a		

Adverse Event (An undesirable and unintended, although not necessarily unexpected, result arising during the course of a research protocol). Use this section to provide a brief description of the event and the number of individuals affected. If no adverse events occurred, enter N/A.

A policy of strip searching the target program offender participants following participation in therapeutic programming was suddenly instituted by the unit Warden. As offender participants began to attempt to refuse further attendance/participation they were being strongly instructed by security staff to attend. The IRB instructed that this research project be discontinued due to ethical concerns around non-voluntary participation of participants and exposure to an adverse consequence for participation in therapeutic programming. This project is discontinued and no further actions toward this study will occur (i.e. data collection or analysis).

TO: Texas Woman's University IRB

FROM: Laurie Stelter, PhD candidate in the School of Occupational Therapy

CC: Cynthia Evetts, Research Advisor, Director of the School of Occupational Therapy

DATE: April 12, 2018

SUBJECT: Update regarding Protocol #19297 (Impact of an Occupation-Based Program for Incarcerated Women with Intellectual and Developmental Disabilities)

Since the termination of collecting additional data for this project on March 9, 2018 due to the prison's decision to implement a strip search policy for all offender participants, the Texas Department of Criminal Justice executive services have approached Dr. Evetts and myself and requested that I resume analysis of and have provided access to the project data that was collected prior to the implementation of the strip search policy. I would like to pursue analysis of the project data that was collected prior to the implementation of the strip search policy to determine its sufficiency in answering the research question.

Please let me know if there are any questions or need for further information in order to pursue this request.

Sincerely,

Laurie Stelter

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[redacted]