

# **Response to Call for *Adult Corrections Capacity Review:* Enabling Ability through Occupational Therapy**

Respectfully Submitted By:

Gina DeVos, O.T. Reg. (MB)

*Occupational Therapist, Forensic Unit, Health Sciences Centre*

Kelly Hauser, O.T. Reg. (MB)

*Occupational Therapist, Stony Mountain Institution,*

Katie Kitchen, O.T. Reg. (MB)

*Occupational Therapist, United Church Halfway Homes, and*

Bronwyn Ring, O.T. Reg. (MB) Occupational Therapist

*President, Manitoba Society of Occupational Therapists*

February 7, 2012

## Executive Summary: A Justification for Occupational Therapy in Provincial Corrections

### Occupational Therapy Complements Manitoba Justice's Mandate

Occupational therapists (OTs) offer a unique and complementary skill set that promotes rehabilitation and positive community re-entry for provincial offenders. Enabling offenders to make healthy, pro-social decisions decreases the rates of recidivism and return to custody. The provision of OT services within Manitoba Justice supports and enhances existing correctional teams and institutional programs and services.

### Occupational Therapy is Useful in Provincial Corrections

The process of OT involves assessment, goal development, multi-faceted intervention, and outcome evaluation. Occupational therapists work with individuals, groups, families or teams, and act as consultants, educators and trainers for both offenders and other correctional staff. Of particular interest to Provincial Corrections is that occupational therapists are trained to understand cognition and mental illness and its impact on daily life. Occupational therapists also have a holistic understanding of alcoholism, drug abuse, severe and persistent mental illness and stress-related disorders, which are but a few areas of intervention within the scope of OT practice.

### Occupational Therapy Can Support Inmates with Disabilities

Individuals incarcerated within provincial institutions face various functional barriers as a result of aging, mobility restrictions, chronic physical illness, mental health and addiction issues, fetal alcohol spectrum disorders (FASD), brain injuries, dementia, and injuries resulting from violence or accidents. Without the proper services and supports, inmates with disabilities may have difficulty understanding the criminal justice system, complying with facility procedures, and participating in appropriate services. Furthermore, when an individual's disability is not taken into consideration during discharge planning, and specialized supports are not accessible, the individual's ability to effectively re-integrate into the community, adhere to conditions of probation, and behave in acceptable pro-social ways are limited.

### Scope of Forensic Occupational Therapy in Provincial Corrections

#### 1. Assessment.

- a. *Definition:* Examination and evaluation of cognitive, functional, physical and independent living skills.
- b. *Objective:* To support the person to understand his/her abilities and barriers. To support correctional plans, identify issues that contribute to offence cycle and to recommend needed community supports upon release.

#### 2. Intervention.

- a. *Definition:* Services and programming delivered in both individual and group modalities; may include motivational interviewing, cognitive behaviour therapy, psycho-education, goal development, crisis/suicide intervention, life skills and vocational training.
- b. *Objective:* To enable offenders to participate in meaningful occupations and to address issues that affect healthy, pro-social choices; thus supporting successful transition to the community.

### 3. Time Use.

- a. *Definition:* The development of structured daily routines, healthy leisure activities, and provision of support to initiate/participate in pre-existing services and programs.
- b. *Objective:* To reduce offender engagement in non-legitimate occupations, to enhance self-esteem, and to promote pro-social, assertive communication skills.

### 4. Consultation and Support.

- a. *Definition:* Integrated, multidisciplinary approach to assessment (i.e. risk assessments, functional assessments), education regarding the importance and impact of environment and occupation on offenders, support to medical and case management staff.
- b. *Objective:* To develop comprehensive and cohesive correctional release plans, to reduce stigma of inmates with disabilities, to raise awareness of the importance of occupation for both offenders and staff, and to deliver tailored institutional service provision.

### 5. Community Transition.

- a. *Definition:* Provision of assessment, intervention, education, and advocacy regarding appropriate housing, community supports, and services for provincial offenders to support community re-entry.
- b. *Objective:* To decrease rates of recidivism through the provision of appropriate levels of support and supervision to those on probation. To reduce the effects of homelessness, substance abuse, financial strain and lack of social networks on offenders in the community.

## Considerations for Occupational Therapists Service Provision in Provincial Corrections

The development of an OT presence within the Manitoba Department of Justice would need to consider the following to ensure staff and offender safety, as well as to facilitate the highest standards of service delivery. The Manitoba Department of Justice is encouraged to consider the risks to staff and what measures are taken to manage risk, types of institutional and community environments that will need to be considered, types of activities/services that would be supported or endorsed, the type of equipment or physical space that is available, and the kind of follow-up and support available once offenders are released to the community.

### Conclusion

Individuals entering the provincial justice system require opportunities to make healthy, pro-social choices. The provision of occupational therapy to these individuals may reduce barriers experienced by inmates with disabilities, support life skill development and reduce recidivism. Occupational therapists can improve inmate quality of life and support successful community reintegration through increased offender access to specialized health services/equipment, program design and community release planning.

**To receive a copy of this document, in full, please contact the Manitoba Society of Occupational Therapists at [msot@msot.mb.ca](mailto:msot@msot.mb.ca) or (204)-957-1214**

## Purpose

Manitoba Justice is reviewing the capacity of the provincial corrections system to inform the future growth and development of correctional institutions in Manitoba. Future growth will consider the need for additional bed space, services, programming, and skills training to further the mission, goals, and mandate of Manitoba Justice. The mandate of the Manitoba Department of Justice notes that corrections seeks to manage offenders with the appropriate balance of control, supervision, and support through the provision of programs and services (Manitoba Department of Justice, n.d.) Furthermore, Manitoba Justice strives to provide "humane care and control of offenders [to help] them return to society" (Manitoba Department of Justice, n.d.)

Providing support and programming to provincial offenders will support the goals and mandate of Manitoba Justice through enabling offenders to make healthy, pro-social decisions; thus decreasing rates of recidivism, minimizing the return to custody, and maximizing public safety. The provision of OT services within Manitoba Justice would complement existing correctional teams and institutional programming and services, while offering a unique skill set to promote rehabilitation and the goal of positive community re-entry for provincial offenders.

## Background

### What is Occupational Therapy?

Occupational therapy (OT), broadly defined, is the practice of considering an individual's characteristics (physical, mental, emotional, cultural, and spiritual traits) and environment on his ability to complete meaningful occupations and activities. Occupational therapists employ a systematic approach to treatment (Fig. 1) which involves assessment, goal development, multi-faceted interventions, and outcome evaluation.

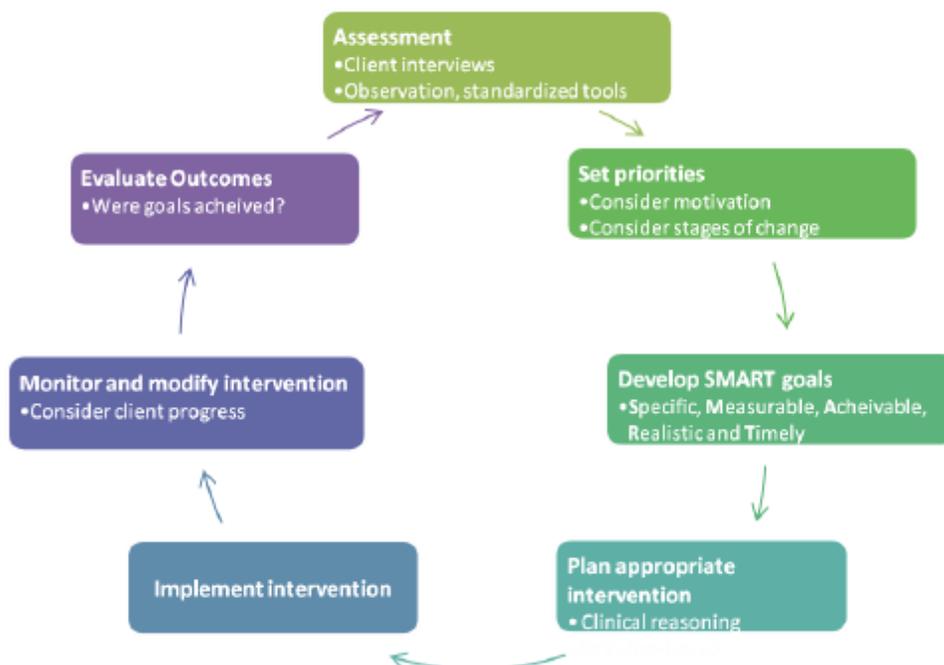


Fig. 1: The Occupational Therapy Process

The application of OT to forensic settings (Figure 2, below) seeks to holistically address the individual as an offender, as well as the factors contributing to the offence cycle and offending behaviour. By assessing many aspects of a person including physical and mental well-being, a clearer understanding of strengths, behaviours, and barriers can be gained and used to develop effective institutional and community correction plans.



Figure 2: Forensic Occupational Therapy

Of particular interest to Provincial Corrections is that occupational therapists are trained to understand cognition and mental illness and the impact on daily life. Occupational therapists work with individuals who have addictions, severe and persistent mental illness (e.g., schizophrenia, bipolar disorder, depression, eating disorders, personality disorders) and/or stress-related disorders.

It is recognized that the completion of activities is influenced by personal characteristics and the environment, with treatment plans encompassing these aspects as well. Occupational therapists can work with the individual, groups, families, or teams who are supporting the person. Providing consultation or staff training regarding the person, his environment, behaviours, and activities can support personnel working with an offender. This enables the correctional team to develop a holistic understanding of the offender and the techniques that promote pro-social behaviours.

Utilizing occupations, which are described as “Everything that people do during the course of everyday life” (Canadian Association of Occupational Therapists, n.d.), especially those that are meaningful, the person is helped to develop his/her sense of self, feelings of accomplishment, a sense of purpose, and routine and structure in daily life – all of which contribute to a pro-social life. Please refer to Figure Three, below, to gain an understanding of the occupations of inmates.

Occupations: Activities of Inmates		
Type	Definition	Examples
<i>Self-care</i>	Activities performed to take care of oneself.	<ul style="list-style-type: none"> <li>• Showering</li> <li>• Brushing teeth</li> <li>• Combing hair</li> <li>• Getting dressed</li> <li>• Feeding</li> </ul>
<i>Productivity</i>	Activities that contribute to the larger community	<ul style="list-style-type: none"> <li>• Mentally Disordered Offenders Laundry Program</li> <li>• Attending programming (examples: anger management, psychoeducational groups)</li> </ul>
<i>Leisure</i>	Activities that facilitate enjoyment of life.	<ul style="list-style-type: none"> <li>• Drawing</li> <li>• Listening to music</li> <li>• Engaging with others</li> <li>• Recreation time</li> </ul>

Figure Three: Occupations of Inmates

### Inmates with Disabilities: Identifying the Issues

According to the UN Convention on Rights of Persons with Disabilities, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.” (The Convention on the Rights of Persons with Disabilities, May 3, 2008).

Determining the number of individuals with disability who are incarcerated in Manitoba’s criminal justice institutions is difficult, as statistics surrounding this population are scarce. This population, however, does exist, and those individuals with disabilities who are incarcerated within provincial institutions face various barriers to functioning as a result of disability. These disabilities include, but are not limited to: chronic physical illness, mental health and addiction issues, FASD, brain injuries, dementia, and injuries resulting from violence or accidents. This population represents an extremely vulnerable group as they have significant needs that may go undetected or are not fully addressed.

Without the proper services and supports, individuals with disabilities may have difficulty understanding the criminal justice system, complying with facility policies and procedures, and

accessing and participating in appropriate services and activities. Furthermore, when an individual's disability is not taken into consideration during community release planning, and specialized supports are not accessible, the individual's ability to effectively re-integrate into the community, adhere to conditions of probation, and behave in acceptable pro-social ways are limited. It is helpful to consider the challenges faced by an inmate with a disability in three broad categories: occupational challenges, environmental challenges, and personal challenges. Please refer to figure four, below, for an overview of some of the challenges experienced.



Figure Four: Challenges Faced by Inmates

## Building on capacity: Recent occupational therapy initiatives in Manitoba Justice

Several OT student placements have been facilitated through the University of Manitoba's Master of Occupational Therapy Program in conjunction with Health Sciences Centre Forensic Unit, including Stony Mountain Institution and multiple placements within Manitoba Justice. These opportunities included placements at Headingley Correctional Centre, Agassiz Youth Centre, and Manitoba Youth Centre. Each of these student placements sought to identify how OT may support existing service provision, and how the addition of an OT presence would further the mandate and goals of Manitoba Justice.

Findings and recommendations from OT student placements in Manitoba Justice include:

- **2011:** The development of resources and pilot projects in specific offender populations at the Manitoba Youth Centre, with a focus on Sensory Integration.
- **2010:** The development and implementation of pilot projects in selecting specific offender populations to receive OT service provision.
  - Service provision provided within the Differential Needs Unit at Headingley Correctional Centre to work specifically with Mentally Disordered Offenders (i.e., offenders with mental illnesses, addictions, brain injuries, cognitive impairments, intellectual disabilities and FASD)
  - Needs assessment conducted at Agassiz Youth Centre to tailor the OT role to youth involved in the criminal justice system.
- **2009:** Completion of comprehensive needs assessment of role of OT within Headingley Correctional Centre.
  - This recent needs assessment suggested that the provision of OT services would complement existing programs and services presently being offered within the institution (e.g., Hygiene Program, life skills development, art program, education program, laundry program).
  - The addition of an occupational therapist to existing correctional teams would provide expertise in grading and modifying activities, developing relevant and proactive programming, delivering individual and group-model interventions, addressing the offenders' physical and mental health, developing life roles, and facilitating socialization and community integration pre-release to the community.
  - Furthermore, many potential roles were identified for occupational therapists within institutional settings. These included consulting with correctional teams regarding specific problematic offender behaviours, providing recommendations regarding environmental supports to facilitate focus and behaviour change, provide consultation regarding risk management issues, providing tailored intervention based on areas of risk as identified by the HCR-20 or LS-CMI.
  - The addition of an occupational therapist to existing correctional teams would further develop tailored release and community reintegration plans for provincial offenders

Through the student placements within Manitoba Justice and opportunities for occupational therapists to develop their professional skills within positions in mental health centres, community agencies, and forensic based practices there is now capacity and interest within Manitoba to supply occupational therapists into correctional settings.

To support the integration of OT practice into Manitoba Justice, there exists a national network of forensic occupational therapists who share practice issues and learning opportunities. Additionally, the Canadian Association of Occupational Therapists has been in discussion with Correction Services Canada (CSC) on the roles and skills of OT that can be offered to support CSC in meeting their mandate of supporting inmates with mental health and other disabilities. CSC currently employs occupational therapists across the country in various roles, including in Manitoba at Stony Mountain Institution.

With Manitoba Justice's current focus on mental health, FASD, and utilizing rehabilitation and retraining as ways to decrease recidivism and improve outcomes for offenders, the time is right to consider the addition of OT to the corrections team.

### **Suggestions for Scopes of Practice for Occupational Therapy**

Several themes emerged from the student placements and are supported by the literature (please see reference list, attached). These themes highlight the potential scopes of practice for OT in provincial correctional settings.

#### **Holistic Assessment of Offender Strengths and Challenges**

- The administration of standardized tools to assess cognitive, functional, physical, and independent living skills to provide additional documentation to support institutional correctional plans, facilitate the development of tailored release plans, and to address areas of difficulty which may contribute to an offender's offence cycle. Furthermore, this documentation can suggest the need for community supports upon release from institution to address rates of recidivism.
- In the student placement at HCC in 2010, a variety of assessments were administered to inmates within the Differential Needs Unit.
  - *Cognitive Assessments*: Serve to screen for the presence of cognitive impairments, suggested the need for further in-depth OT assessment, and provided insight into how to effectively tailor programs and services to best meet the learning style, literacy level, and cognitive status of each inmate.
  - *Independent Living Assessments*: Provided invaluable information to suggest the inmate's level of functional independence while in HCC and upon release. Administration of independent living assessments will also help to inform institutional programming, and suggest relevant community supports upon release. The provision of appropriate, tailored supports for the inmate upon re-entering the community may help to maintain a crime free, pro-social lifestyle; thus reducing rates of recidivism.
  - *Functional Assessments*: A tailored functional assessment was developed to address the holistic strengths and challenges of offenders within the Differential Needs Unit. A functional assessment seeks to assess an individual's level of cognitive functioning as it relates to his independence within community settings. In addition, functional assessments provide tremendous insight into an inmate's thought and problem solving processes and can help to illuminate areas of both strength and difficulty.

### Tailored Individual- and Group-Model Interventions

- Individual interventions may be delivered through motivational interviewing, addressing thinking errors contributing to offence cycle, and working to develop both short-term and long-term goals to facilitate a pro-social lifestyle. Crisis intervention and suicide intervention may also be delivered by an occupational therapist.
- Occupational therapists have specific training and expertise in the development and facilitation of group work. Interventions may also be delivered in a group-model, and may include the development of life skills, vocational skills, budgeting, cooking, time management, anger management, communication skills, social skills, psycho-education, addictions, and relapse management.

### Development of Structured, Purposeful Free Time

- Depriving individuals of services and aids to assist with daily functioning can be seen as Occupational Deprivation, a form of social injustice (Figure Five). Whiteford (2000), defines Occupational Deprivation as “a state in which a person or group of people are unable to do what is necessary and meaningful in their lives due to external restrictions”. Prison inmates, particularly those with disabilities, are considered part of this group as their ability to engage in daily activities is limited by institutional factors.
- Whiteford goes on to state that “if you are occupationally deprived, such legitimate participation is difficult if not impossible. When this is the case, engagement in non-legitimated occupations, such as vandalism and participation in occupational groups like gangs may become a seemingly attractive alternative” (2000, p. 202)

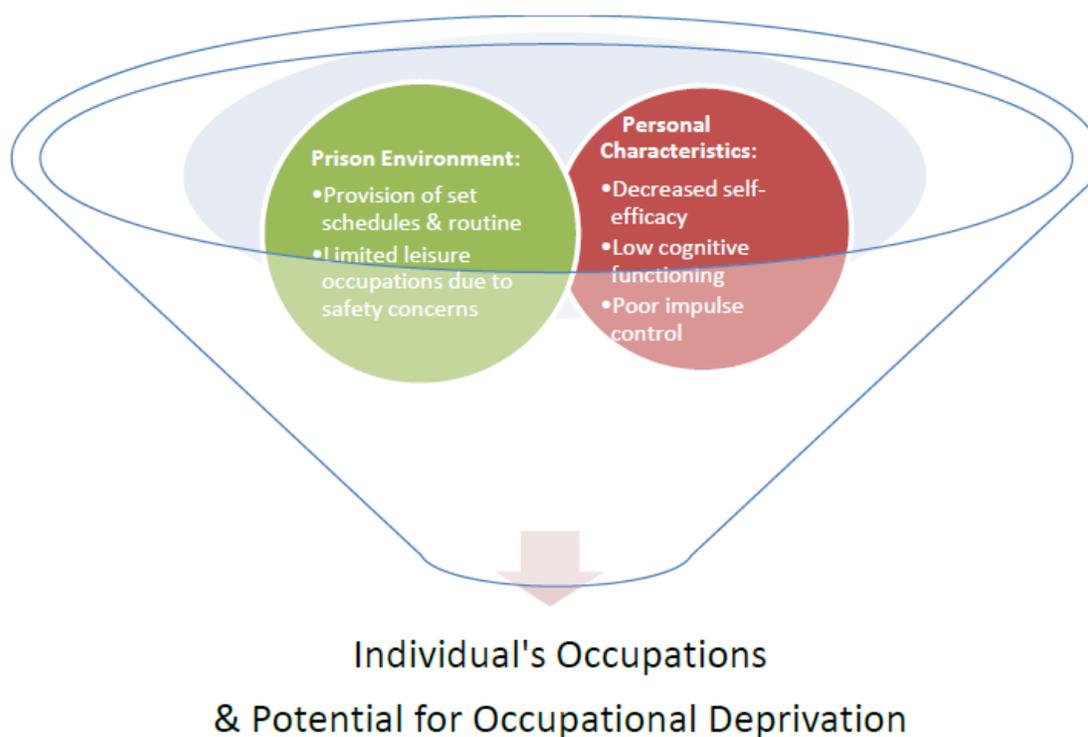


Figure Five: Occupational Deprivation

- Occupational therapists can assist offenders to develop structured day plans, including educating and encouraging inmates to participate in existing institutional programming and services. Support to problem solve when inmates can not follow through with plans by assessing factors both personal and within the environment would support improved attendance and participation. Further developing this initiative may increase intrinsic motivation both while in the institution, and upon release to the community.
- Facilitation of free leisure time. Many inmates struggle with initiation of activities (particularly in recreation) as well as communicating their desire to engage in an activity with another inmate. People living with a mental illness or cognitive disability also struggle with initiation and motivation so those inmates living with these issues are at greater risk of non-participation. A more structured recreation period with an OT facilitator may help promote routine, organizational skills, and other interpersonal skills.

### **The Complementary Role of Occupational Therapy on Existing Correctional Teams**

- By integrating OT assessment into risk assessments and case management models, case managers, probation officers and community partners may develop a better understanding of the inmate's needs both while incarcerated and upon release. For example, identifying an inmate's learning style and cognitive strengths may help better tailor intervention services to this individual. Appendix One outlines many risk factors identified by the LS-CMI risk assessment tool, along with how the skill set of an OT can address each specific risk factor.
- Provide support and consultation to correctional institution staff regarding implications of environment and occupation on all aspects of the offender, mental health education, group facilitation skills and other skills. The addition of an occupational therapist will further facilitate the provision of high quality service to provincial offenders.
- Provide support to corrections medical teams and inmates regarding physical health issues (e.g., injury related to inmate fights, suicide attempts, falls, aging inmate population, self-managing chronic illness like diabetes).

### **Supporting Offender Transition from Institution to Community**

- Transitioning from prison to the community is a challenge, which many offenders may feel unprepared to navigate. Without proper support and access to appropriate services, offenders completing this transition are at risk of recidivism, homelessness, substance abuse, financial strain, mentorship and a lack of a social support network. The OT can support the person and the corrections team with advocacy skills to build the community plan meeting that person's particular needs.
- When re-entering the community after serving a prison sentence, offenders need more assistance, support and guidance. OTs can play a key role in planning for community reintegration. OTs can serve as a consultant on the team, completing comprehensive assessment, and recommending probation conditions that are a good

fit with the inmate's physical, social and cultural needs, and the environment in which the individual is being released to.

- Roles for occupational therapists may exist not only within provincial institutions, but also within the community justice settings. Continuation of OT service provision while the offender is on probation will assist in further facilitating community reintegration goals, thus reducing the rate of recidivism and increasing public safety.
- In the 2010 Winnipeg Street Health Report, 300 participants were interviewed on homelessness, housing and social service provision. All participants self-identified as having stayed in an emergency homeless shelter, or in a public place or other site not intended for human habitation, for at least 10 of the last 30 nights. Of the 300 individuals interviewed twenty-four per cent (24%) of respondents stated that they had been in jail in the past year. Although it is difficult to determine how many individuals face homelessness after release, this statistic represents a portion of individuals who are discharged to shelter or substandard housing after serving time in prison.

While there is a large variety of options that an occupational therapist could explore within the Manitoba Correctional Settings to support the rehabilitation of the inmates, this would be done within the constraints of the security and institutional rules. Considerations an OT would need to address in building a practice within Manitoba Justice include security protocols, risks & risk management, what type of environment the inmate in and will be transitioning to, what type of activities are allowed, what is allowed for equipment, and follow-up available once the person returns to the community.

### **Conclusion**

When individuals demonstrate an inability to participate in the activities of daily living for reasons related to change in function (thinking, feeling, or doing), illness or disability, and/or barriers in the social, institutional, or physical environment there becomes a need for occupational therapy. Occupational Therapists are trained with the skills and knowledge to work collaboratively with people to overcome obstacles and function to their highest potential. By integrating OT practice into Manitoba Justice, existing correctional teams will be complemented by the holistic view of the offender and gain the skills, attitudes and knowledge of occupation and its relation to rehabilitation.

Occupational Therapists have a unique role to play in the provincial justice system in assisting staff and inmates in eliminating the barriers faced by those with disabilities. Service provision at all ages, including the youth justice system, would support gaining life skills and potentially decreasing recidivism. Adults within the justice system require opportunities to make healthier, pro-social life choices. Through integrating core OT principles and knowledge of disability into staff training, increasing access to specialized health care services, assisting in program design, and release planning, Occupational Therapists can improve inmate quality of life, and assist with increasing the opportunity for successful community reintegration.

## Appendix One: Risk Factors and Occupational Therapy Intervention

Risk/Need Factor	Potential Role of Occupational Therapist
<b>Criminal History</b>	<ul style="list-style-type: none"> <li>• Through an initial interview, speak with inmate regarding factors/triggers present within the physical, cultural, and social environments that lead to criminal behaviour</li> <li>• Provide support to inmate using motivational interviewing and concepts from the Transtheoretical model of change to enable inmate to increase pro-social behaviour and decrease recidivism</li> </ul>
<b>Education &amp; employment</b>	<ul style="list-style-type: none"> <li>• Assist inmate in goal setting to identify realistic goals, as well as action plans to achieve goals.</li> <li>• Provide counsel related to vocational interests and strengths</li> <li>• If inmate maintained employment previous to incarceration, collaborate with inmate and former employer to determine return to work plan, integrating appropriate supervision</li> </ul>
<b>Family/marital</b>	<ul style="list-style-type: none"> <li>• Deliver anger management training (in one-on-one or group formats)</li> <li>• Provide group sessions related to effective communication skills, conflict resolution and positive listening skills</li> </ul>
<b>Leisure &amp; recreation</b>	<ul style="list-style-type: none"> <li>• In collaboration with inmates, identify leisure pursuits engaged in prior to incarceration</li> <li>• Encourage the development of leisure occupations through providing opportunities to learn new skills.</li> <li>• Collaborate with inmate to generate ideas about new leisure activities he may enjoy, through conversation or use of leisure assessments (e.g., Interest Checklist)</li> </ul>
<b>Companions</b>	<ul style="list-style-type: none"> <li>• In individual or group settings, work with inmate(s) to identify characteristics they value in their companions</li> <li>• Provide social skills training to enable inmates to build new, positive relationships with individuals upon release</li> <li>• Facilitate opportunities to increase pro-social companions upon release (e.g., through involvement with community organizations, participation in leisure activities)</li> </ul>

Risk/Need Factor	Potential Role of Occupational Therapist
<b>Alcohol/Drug problem</b>	<ul style="list-style-type: none"><li>• Using principles of motivational interviewing, provide individual and group sessions related to overcoming addictions</li><li>• Integrating concepts from the transtheoretical model of change, provide appropriate support to inmates to facilitate progress into more advanced stages of change</li></ul>
<b>Procriminal attitude</b>	<ul style="list-style-type: none"><li>• Integrating concepts from the transtheoretical model of change, provide appropriate support to inmates to facilitate progress into more advanced stages of change to encourage development of prosocial attitude</li></ul>
<b>Antisocial pattern</b>	<ul style="list-style-type: none"><li>• Collaborate with inmate to identify triggers in physical, social, and cultural environments that may lead to antisocial behaviour</li></ul>

## Acknowledgements

The following occupational therapists have been involved in corrections based student placements and much of the content of this paper rests on the work they did:

2011 Manitoba Youth Centre: Ben Salins & Hon Ha Lan Nguyen

2010 Headingley Correctional Centre: Katie Kitchen & Steph Warren

2010 Agassiz Youth Centre: Cherry Nixdorf & Sarah Tkachyk

2009 Headingley Correctional Centre: Dionne Persad & Kristin Roy

2008: Stony Mountain Institute: Lara Farthing-Nichol & Leah Hes

These placements could not have occurred without great collaboration from within these institutions. Our students' experiences were consistently exceptional due to the support and collaboration received from all staff members. In particular, the authors would like to thank the following individuals:

Marilyn Sloan, Corey Glowacki, Marj Muirhead, Dawn Hillstrom, Bridget Steinke, Deidre Bissonnette, and Jason Mackenzie

## Contacts

For more information about occupational therapy, or the role of occupational therapy in Manitoba Justice, please consult the following:

- Authors:
  - Gina De Vos, [ginadevosot@gmail.com](mailto:ginadevosot@gmail.com)
  - Kelly Hauser, [kelly\\_wellins@hotmail.com](mailto:kelly_wellins@hotmail.com)
  - Katie Kitchen, [Katie.e.kitchen@gmail.com](mailto:Katie.e.kitchen@gmail.com)
  - Bronwyn Ring, [Bronwyn.ring@gmail.com](mailto:Bronwyn.ring@gmail.com)
- Canadian Association of Occupational Therapists  
<http://www.caot.ca/>
- College of Occupational Therapists of Manitoba: Executive Director Sharon Eadie  
Email: [sharon.eadie@cotm.ca](mailto:sharon.eadie@cotm.ca)  
Phone: 957-1214, extension 22  
Website: <http://www.cotm.ca/>
- Manitoba Society of Occupational Therapists  
<http://www.msot.mb.ca/>

***To receive a copy of this document, in full, please contact the Manitoba Society of Occupational Therapists at [msot@msot.mb.ca](mailto:msot@msot.mb.ca).***

## References

- Boland, F., Chudley, A., & Grant, B. The challenge of Fetal Alcohol Syndrome in adult offender population. Corrections Services Canada, FORUM on Corrections Research: Volume 14, Number 3
- Brintnell, S. (2010). Transition from Jail to Community for Adults with Fetal Alcohol Spectrum Disorder (FASD): A Research project transitioning men with FASD into the community. Occupational Performance Analysis Unit, University of Alberta.
- Brown, J. (2004). Managing the Transition from Institution to Community: A Canadian Parole Officer Perspective on the Needs of Newly Released Federal Offenders. *Western Criminology Review*, 5(2), 97-107.
- Canadian Association of Occupational Therapists. (n.d.). What is occupational therapy? Retrieved from <http://www.caot.ca/default.asp?pageid=3024> on February 5, 2012.
- Carole Laprairie, (1996). Examining Aboriginal Corrections in Canada. Supply and Services Canada. Retrieved from <http://www.publicsafety.gc.ca/res/cor/apc/fl/apc-14-eng.pdf> on January 27th, 2012.
- CDC (Accessed January 2012), [http://www.cdc.gov/traumaticbraininjury/pdf/Prisoner\\_TBI\\_Prof-a.pdf](http://www.cdc.gov/traumaticbraininjury/pdf/Prisoner_TBI_Prof-a.pdf) ), Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem.
- Chartier, G. (2008). CSC's mental health initiative for safer communities: Improved capacities to address mental health needs of offenders. Retrieved on January 26, 2009 from <http://www.csc.scc.gc.ca/text/pblct/lt-en/2005/30-4/6-eng.shtml>
- Couldrick, L., & Aldred, D. (2003). *Forensic Occupational Therapy*. Hoboken, NJ: John Wiley & Sons.
- Creek, J. (2002). *Occupational therapy and mental health: Principles, skills and practice* (3rd edition). New York: Churchill Livingstone
- Draine, J. & Herman, D. (2007). Critical Time Intervention for Re-entry From Prison for Persons With Mental Illness. *Psychiatric Services*, 58(12), 1577-1581.
- Dunn, C. & Seymour, A. (2008). Forensic psychiatry and vocational rehabilitation: Where are we at? *British Journal of Occupational Therapy*, 71(10), 448-450.
- Eggers, M., Munoz, J., Sciulli, J., Crist, P. (2006). The community reintegration project: Occupational therapy at work in a county jail. *Occupational Therapy in Health Care*. 20(1), 17.
- Farnworth, L. (2009). An Occupational and Rehabilitation Perspective for Institutional Practice. *Psychiatric Rehabilitation Journal*, Volume 32, No. 3, 192-198.
- Farthing-Nichol, L. & Hes, L. (2008), University of Manitoba Occupational Therapy Student Project, Stony Mountain Institution Needs Assessment: An Occupational Therapy Perspective.
- Gessler, S. & Maes, C. (2011). The Winnipeg Street Health Report. Government of Canada's Homelessness Partnering Strategy. Retrieved from <http://www.mainstreetproject.ca/winnipeg-street-health-report.pdf> on January 27th 2012.
- Hood, C. (1998). Occupational therapy in prison. *Psychiatric Care*, 5(4), 139-142.
- Kitchen, K. & Warren, S. (2010). University of Manitoba Occupational Therapy Student Project, *New Horizons for Occupational Therapy at Headingley Correctional Centre: Assessing Function & Enabling Capacity to Change* (available on request to G. De Vos or K. Kitchen).

- Lindstedt, H., Soderland, A., Stalenheim, G., & Sjoden, P. (2004). Mentally disordered offenders' abilities in occupational performance and social participation. *Scandinavian Journal of Occupational Therapy*, 11, 118–127.
- Lindstedt, H., Ivarsson, A-B., & Soderlund, A. (2006). Background factors related to and/or influencing occupation in mentally disordered offenders. *Scand J Caring Sci*; 20, 331–338.
- Manitoba Department of Justice. (n.d.). Retrieved from <http://www.gov.mb.ca/justice/index.html> on January 28, 2012.
- Martin, L., Bliven, M., & Boisvert, R. (2008). Occupational performance, self-esteem, and quality of life in substance addictions recovery. *OTJR: Occupation, Participation and Health*. 28(2). 81-88.
- MacKain, S.J. & Mueser, K. (2009) Training in Illness Self-Management for People with Mental Illness in the Criminal Justice System. *American Journal of Psychiatric Rehabilitation*, 12: 31–56.
- Molineux, M.L. & Whiteford, G. (1999). Prisons; from occupational deprivation to occupational enrichment. *Journal of Occupational Science*, 6 (3), 124–130.
- Persad, D. and Roy, K. (2009), University of Manitoba Occupational Therapy Student Project, *Enabling Occupation at Headingley Correctional Centre* (available on request to G. De Vos)
- Southern Network of Specialized Care, (2009). Understanding the Offender with a Dual Diagnosis (Mental Illness & Intellectual Disability) Accessed January 2012 at <http://www.community-networks.ca/uploads/Understanding%20the%20Offender%20w%20DD-Jan%202010.pdf>
- Stewart, P. & Craik, C. (2007). Occupational, mental illness and medium security: Exploring time-use in forensic regional secure units. *British Journal of Occupational Therapy*, 70(10), 416-425.
- The Convention on the Rights of Persons with Disabilities , May 3, 2008
- Tkachyk S. & Nixdorf, C. (2010). University of Manitoba Occupational Therapy Student Project, *Needs Assessment: Role of Occupational Therapy at Agassiz Youth Centre* (available on request to G. De Vos).
- Townsend, E. (Ed.) (1997). *Enabling occupation: An occupational therapy perspective*. Ottawa: CAOT Publications ACE.
- Townsend, E. & Polatajko, H. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation*. Ottawa: CAOT Publications ACE.
- United Nations Office of Drugs and Crime (2009). "Criminal Justice Handbook on Prisoners with Special Needs", retrieved from [http://www.unodc.org/pdf/criminal\\_justice/Handbook\\_on\\_Prisoners\\_with\\_Special\\_Needs.pdf](http://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf) on January 27th, 2012
- Whiteford, G. (2000). Occupational deprivation: Global challenge in the new millennium. *British Journal of Occupational Therapy*, 63(5), 200-204