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MATT BRANDENBURG:  
You're listening to Everyday Evidence presented by the American Occupational Therapy Association, helping the occupational therapy practitioner apply evidence to practice. Here's your host, Matt Brandenburg. Alright. On today's episode, we are joined by Dr Lisa Jaegers. Lisa, thank you so much for being on the show.

LISA JAEGERS:  
Hi, Matt. Thank you so much for the invitation. It's great to be here.

MATT BRANDENBURG:  
Yes, this is an interview I've been really looking forward to. I was lucky enough to meet you while I was a student at Washington University in Saint Louis. I did a one of my fieldwork tours in one of your programs at Saint Louis University, which we'll talk a little bit about today. But it's great to talk with you again. And I'm excited to cover some of what you've been up to.

LISA JAEGERS:  
Yeah, great. And you know, thanks so much for joining the OT, OTTIS program during fieldwork because we've learned so much from our students who've come to us and we've grown so much because of the work that that students do with us. So, we really appreciate that.

MATT BRANDENBURG:  
And it really is an amazing program. You've done amazing work within our field establishing the Transformative Justice Initiative at Saint Louis University, which includes directing an OTTIS, the OT Transition and Integration Services. But you've also done work with the National Institute for Occupational Safety and Centers of Excellence for Total Worker Health. You've facilitated the Justice based Occupational Therapy Network, just to name a few of your accomplishments and where you've been leading our field. If our listeners are not familiar with Lisa's work, you may remember her being featured in the AOTA presidential address by Allison Stover at Inspire Kansas City. But Lisa, we want to touch on some of your amazing contributions. But to start our interview, I want to ask about the path that led you to where you are today. So, how did you first become interested in researching occupational safety and health?

LISA JAEGERS:  
Thanks for that introduction. It's very humbling to hear all of that. And as you'll hear from the examples that I give during our conversation today, it's all been such a collaborative process and because of meeting so many people and working with so many others that all of this has been possible. So, I might be name dropping just a little bit as we go. (LAUGH) But, so how do I become interested in occupational safety and health? Well, it was during my first attendance at an AOTA conference in Seattle, I think, it was way back in the year 2000. And Dr Karen Jacobs was talking about ergonomics. And I went to one of her sessions there, and I was so fascinated by the idea of working with individuals in their workplaces, preventing injuries, reducing the risk of injuries. And I just went in headfirst and tried to learn as much as I possibly could about it. So, I worked in that area of occupational health and treating workers who were injured in manufacturing plants and doing that type of work for, gosh, seven or more years.

And then I was asked to do adjunct teaching and then help out on research projects. So, I was a practitioner for many years and then slowly moved into academia only because I kept asking questions and I just wanted to learn more. And I felt like when a workplace would ask me, "Hey, you know, was this worker injured on the job?" I would say, "I don't know, (LAUGH) I mean, how can you truly prove that, what, you know, what are you trying to ask me to tell you about?" So, I just kept digging and digging and wanted to look at the literature and know what was truly going on. So, I got into, you know, occupational safety and health just through being fascinated by it. And I feel like, you know, when we move into the workforce as adults, we spend most of our life working to pay our bills, to have our lifestyle and so on. So, it really has a giant impact on our day to day life. And I felt like OT was a great fit to address people's health in the workplace.

MATT BRANDENBURG:  
No, that's amazing. And a couple of those attributes you showed and jumping right into a topic that you're interested about and continuing to ask questions to learn more and apply, you know, what that research says and what that evidence says is really inspirational. I kind of call that the willingness to jump out of the boat, to be a doer, to really, you know, attempt to bring things together and take action. What inspired you to begin researching settings within the justice system and eventually found the OTTIS program and the Transformative Justice Initiative?

LISA JAEGERS:  
Yeah. Great question. So, I had been doing research in construction, participatory ergonomics and did my dissertation work and finished up my PhD in public health. And I was able to start working at Saint Louis University as a full time faculty person. And I was looking for a new line of research. And I met Dr Karen Frank Barney at the time and she was just really excited to share with me her interests in the criminal justice system. And we visited a prison in Missouri, and she introduced me to people incarcerated and the staff there, Saint Louis, who has a prison education program where both staff and individuals in the prison can work on their associate's degree. So, we visited this prison and we were given a tour by a correctional officer, the training officer there. And of course, I'm going in with this occupational health lens. But you know, going in with an open mind, gosh, what is incarceration? I've never thought about jails and prisons, jails being short term places of incarceration, prisons being long term settings.

And so, we went through this tour and I asked the officer, you know, what is it like working in a prison? And he really dove in quickly and said, "You know, it's really tough work." And then I heard from the individuals in this Inside Out Alliance, and they talked about working on their education and how they have so much in common with their teenage kids at home talking about homework and working on their skills for learning and eventually employment and what I consider reentry skills, reentering the community from incarceration. So, all of this came about at the same time and thought, I want to know more. So, I went to the literature and found out, oh my gosh, there's like little to nothing in the literature about the effects of work on correctional officers. And of that, there were a few reports that showed that they have really high rates of depression, high rates of suicide ideation, high risk for mental health issues. And most of my work up to that point had been in musculoskeletal disorders, which we know are linked hand in hand with mental health as well.

So, you know, this was all really intriguing. And I started writing grants at that point to try to seek funding to do this work. So, that launched me in into the direction of this path. So, it was just one introduction, one visit to a prison, and then doing a lot of investigative work to see where we were at. And it's basically, you know, anytime you look into a research question or something that seems interesting, you go to the literature and find out what do we know and what do we not know. And so, that's kind of what I'm working on, is like filling those gaps because we really don't know much in terms of what is affecting the workers. That literature is definitely growing now, but now what interventions are available? What are evidence based, what actually work and what should we get out there to the many, many, many people working in jails and prisons across the US? And then similarly, what works with reentry? How do we facilitate occupations, the day to day things that people need and want and have to do?

What is OTTIS role there and how can we be partners and collaborators in filling the needs that aren't being met in the prison and jail systems as well, in general, criminal justice settings. So, everything from, you know, an altercation out on the street, a 911 call, this is called like the sequential intercept model through SAMHSA, the mental health agency. And you can look those sort of terms up. But you know, where does OT fit in this whole continuum of when people are affected by the criminal justice system, policing courts, jail, prison, reentry, long-term probation or parole and so on.

MATT BRANDENBURG:  
I love that. And that's such a good example, again, of how you brought your, you know, OT lens to how people working in this setting, how that impacts their health and their overall well-being. And you know, you said it yourself, you wanted to learn more, and then you consulted the literature and made a plan and took action. I think, that's such a good blueprint for practitioners out there who have felt or experienced something similar where they identify a need or see something with their OT lens that other people maybe didn't catch. And how you were able to grow something really impactful from that. I know it can be difficult to work with people experiencing incarceration or people working, you know, in prisons and in the jail system As It's a highly protected setting, how were you able to partner with some of these institutions and really begin those projects?

LISA JAEGERS:  
Yes. Oh, my gosh. So, it is quite the process. And just building that network and community could be one of the most important and key pieces of this entire puzzle. So, Dr Barney and I, we work together. She already had sort of a an advisory team of occupational therapy practitioners, OTAs, OTs, interested students and so on. So, we kind of try to understand what are the needs there among the practitioners. And then we also reached out across our university who is already doing this work. So, we shouldn't, you know, try to reinvent the wheel in any way, shape or form. And I met colleagues in law, in criminology, criminal justice, social work, family and community medicine and all of these areas. And for instance, I met practitioners, medical practitioners working in the jail setting who were treating individuals there, and so on. So, that was really important to build the team, learn from them, and then identify what's needed. We also then looked at how do you build out the pieces of the puzzle in terms of actually doing the work.

So, in terms of partnering with institutions, that was a full process in me starting up the research projects. So, Matt, like you said earlier, I had a pilot project that was funded by the National Institute for Occupational Safety and Health through a Center of Excellence, the University of Iowa. And they were hugely helpful because they were trying to support new researchers starting up research. So, that was huge to gain initial funding. And then at the time, I was planning to partner with a prison, and that project actually did not work out, which we are always thinking on our feet in all areas of OT. And in this case, I needed to find a new research partner. So, I reached out to that network that I'd been linked with, literally cold called jails as I needed to, but was linked with urban jails and rural jails. And so in that case, I went in and started with a workplace first. So, I felt as though if I could gain rapport and show them that I'm truly interested and you know, really wanting to work with understanding the needs of the workers first, then perhaps I would be able to gain some traction and then work on building out this OT reentry program as well.

So, that's how it went. And I did the, a needs assessment with the City of Saint Louis jail and learned so much about the needs of workers. And I'll tell you, we did like a 13 page survey with them and focus groups. It was a whole participatory process. We had a team who guided the process, who helped us to design the questions on the focus groups and so on. And I don't know if you've ever had to ask people to fill out a survey, but it's usually kind of difficult, you know, who wants to sit and fill out a 13 page survey, right? And I would have to go pre-shift, you know, 4 am., 5 am, and then meet people after shift to collect their surveys. And they would come to me with their envelope and their survey and they would say, "Oh my God, thank you so much for asking me these questions." And it was questions about, you know, how do you feel at work? Kind of the climate of the workplace, what is their health? How are they feeling? What kind of solutions do they think they need in their workplace to feel better on a daily basis?

So, we took that and that was kind of the launching point. So, I literally met almost every employee in the jails that we served. And so, like I mentioned before, Dr Barney and I were working on building out the OTTIS program. And I said, you know, let's wait and see how this research goes and then why don't we build out the program in the meantime with our advisory team, and then we'll pitch the program. So, we did. We met with the commissioner of the jail. We presented the findings from my research, and then we pitched the program. And we said, you know, we don't think that the workplace health is existing in a silo aside from the needs of people held in your jails. We think this is tied together. You know, so if we improve the services and address the needs of people held in those jails, perhaps it could also help the needs of the people working there. So, that's always kind of been the crux of the transformative justice initiative, is how are we looking at the system as a whole. Because we can't look at only the needs of workers or only the needs of people incarcerated because they're all together in this space and coexisting in those spaces.

So, how do we partner? We pitch the program and everybody loved it. The jail was like, "Oh my gosh, it sounds like OT is the greatest thing, we have to have this." So, when you find funding, you come back and you're more than welcome to do your program. (LAUGH) So, we're like, "OK, this is great, great news, right?" But then I looked at Karen and you know, we left and I said, "Karen, you know, why do we have to find a way to pay for ourselves to do work for other people?" You know, OT is so valuable. How do we show the value of doing this? And I said, "You know, she's like the most eloquent writer and just is amazing with her communication." And so, she responded back to the facility and said, "You know, we would love to do this program if you're able to fund this." You know, I said, "Karen, can we just ask them if they have the money to fund this?" And so, that's what she did in her beautiful, eloquent way. And they said, "Yeah, you know, actually we can, we have a way to pay for this." So, we actually were funded for five straight as contractors to the jail.

Hired a full-time OT who worked directly with the jail for pre and post-release services, meaning inside the jail and outside of the jail when the person was released to the community. It also included program evaluation, which is supported the information in manuscripts and presentations to really share the evidence and get the word out there about this. So, it's been a process and it's taken a lot of perseverance. It's taken many connections. It's taken hard conversations. You know, going back to someone and saying, "Oh, can you pay for this?" Like (LAUGH) it's really tough to do. And it's been, yeah, it's very bold. But OTs, we got to be more bold. We're used to asking, "Well, what's the reimbursement for this? Who's the pay source for this?" Where we need to be saying, "You know, what are new ways for us to be paid for our services?" And you know, there's two million people in the US that are going in and out of jails each year. There is a huge population of people that need our services.

And it costs a lot of money to hold people in jails, in prisons, and go through that process. And perhaps we can be a really strong way of reducing the costs by reducing a person's return to a jail or prison based on working with people to address their every day living skills, to work in employment, to manage their household, to do all of these things. So, yeah, so that (LAUGH) in a very long winded way is kind of the pathway for how we were able to partner and get our foot in the door and get started.

MATT BRANDENBURG:  
Yeah. I'm so glad you shared that with us. It, like you mentioned, it is a process. It takes time. All the work that you put in from building a team, networking and connecting to, you know, writing grants, working on funding, finding partners. And what, I think, most importantly is demonstrating OTTIS unique value with each of those connections and each of those partnerships. It's such a great illustration of how practitioners can do that and really make an impact. And so, you get your foot in the door, you make these partnerships and you're ready to implement the program. And I want to talk about some of the research related to that program. And you know, those four to five years of of services that were being provided. But before we do that, I need to ask, and I think, it's important for our listeners to know what is occupational therapy's role in criminal justice or with individuals involved in justice settings.

LISA JAEGERS:  
Yeah, that's really great because we have to be able to articulate how are we distinct from the other professionals, the case managers, the social workers, and other really important parts of the team working with individuals. And I think, that for occupational therapy, what we're able to do is really focus in on where is a person at, use our skills for assessment and intervention development based specifically on the person. So, tailored intervention, tailored assessment and interventions. And so, using our skill set and toolbox of cognitive assessments, our occupational profile, number one, and then looking at cognitive assessments, where is a person's mental health at? Have they been affected by trauma? What is their level of perhaps depression or co-occurring disorders? Do they have a history of substance misuse perhaps? And try to put all of these pieces of the puzzle together? And what I'm learning is we went into this where OTs, we can be generalists and we can work with anyone.

And I'm wondering if some of our niche areas might be working specifically with people who might have a cognitive challenge, someone who had a traumatic brain injury, someone who had a stroke, someone who's aging in place with dementia, where we can bring in our solid OT skills for everyday living. And be that person not currently on the team of practitioners, of criminologists, criminal justice professionals, who truly understand how does a person's cognitive challenges play into perhaps their resistance to follow the rules in a jail or prison. Perhaps their attention, challenges, processing challenges, communication challenges and so on. So, what OT does is we really try to understand where is the person at and what occupations, what day to day things do they need support in or help or guidance facilitation. And to prepare themselves for independent community living as much as possible or modified independence in the community. And so, we're looking at a person's ability to attain, maintain housing.

And that is so much more than a phone number to a housing agency. That is walking with the person, linking them directly, helping them to know exactly who to call or making those connections first. So, the person who's been turned down so many times who doesn't trust any agencies, so we can make those warm linkages and facilitate that process. Help that person to understand how to talk about their record of incarceration to employers, how to manage their medication, how to build new social relationships with others or rekindle old relationships. And the list goes on and on. So, if you go through the OT practice framework and you look at all of the areas of occupation, we're looking at all these areas and we're looking at it from a lens of, where does this person need assistance or what would they like to work towards to gain their independence in the community again. So, it's very person centered and then driven by what their interests are.

MATT BRANDENBURG:  
I love that, that's such a wonderful example of bringing the OT lens and this holistic approach to person centered care within this setting. I'm really looking forward to asking about the process of evaluation of the OTTIS program and some of what you presented at a scientific research panel from Inspire. We'll get back to our interview right after this quick message. You all know we really try to make research more consumable and applicable on everyday evidence, but did you know that just one minute of your time could help us to improve the show, improve the resources? The American Occupational Therapy Association provides for practitioners and improve the application of evidence to practice within our whole field. Please take our one minute survey. It's only three questions, and you can find the link in this and every episode's description. And support the AOTA in continued efforts to improve our podcasts and to improve the translation of research to practice. Now, back to the interview.

And I'd love to dive into the evidence kind of surrounding the development of this program and how you were able to really design and implement the OT process within within this setting. How would you describe the impact that incarceration has on an individual, especially in some of these performance areas that that you listed OT can really have a big impact in?

LISA JAEGERS:  
Yeah. So, we know that there's like social determinants of incarceration and they follow social determinants of health where a person who's been incarcerated or is at higher risk for incarceration, they are going to have challenges with housing, transportation, employment, health care, issues with the law and social relationships, money, banking, you name it. So, that record of incarceration really lives with them, especially when they're on probation or parole. We have more people on probation or parole in the US than people held in jails and prisons. So, that can be a really huge challenge in terms of the impact that we've seen with the OTTIS program. And that is where in the latest process of, well, that's not yet published, that one of our doctoral students who came to OTTIS from University of South Dakota, Katie Foster, she spent her doctoral capstone, looking at our information and going through our, in a retrospective analysis, looking through our logs and so on. And she found that the individuals who went through OTTIS were able to gain employment and sustain employment.

They maintained housing and they stayed free of arrest. And so, this was a cohort of 19 individuals who all had cognitive challenges. And so, we're directly addressing those social determinants and we're finding that these are really positive results. So, in terms of evidence, so that's impact when we look at the process evaluation, so to what extent were we able to carry out the program as we intended? That goes back to our first paper published in (INAUDIBLE) in 2020, looking at the process (INAUDIBLE) of of the jail study. And we don't paint this really pretty picture of how easy it was. We talk about the challenges of literally getting into the jail. You know, we've gone through all this training, we've built these relationships. But sometimes when we got to the door of the facility, they'd say, "Who are you?" You know, even though we had city badges and full clearance and you know, the permission of the commissioner to be there. So, sometimes on a day to day basis, it was starting from scratch.

And that was Dr Brittney Connors, who helped with that initial startup and many others, Clare Dahlman, Serena Blanc, Christine Hayes Picker, and more so. So, the process evaluation is hugely important. And if anyone's going into trying to start up their own program, I would start there. Start with Jaime Munoz paper. It was in the early 2000. Look at our jail study. There's a few more papers coming out now. I think, Arianna Gonzalez, might have one. And so, the idea is that learn from the lessons, learn from the work that we had to do to get this off the ground so that you can start from that later point where you're not focusing on, "Oh my gosh, how do I build a new relationship, how do I, you know, do A, B, C, and D so that you can start on EFG," so to speak. And not have to go through the pitfalls that we did. So, process evaluation, to what extent did it work and then impact, how well is it working? We're seeing positive trends for sure.

MATT BRANDENBURG:  
There's three major outcomes that were identified have such a major role in just the daily life of anyone. How is the OTTIS program organized? What does the OT process look like from assessment, intervention, all the way to discharge, what's going on in this program to help lead to improved outcomes?

LISA JAEGERS:  
Yes, that is a great question. So, what happens is we receive a referral and it'll depend on which program the person is in now. So, our program has evolved quite a bit. We have people who are referred directly for (INAUDIBLE) because they have a cognitive challenge and they're on probation or parole. We have people who've been sentenced to life without the option of parole. They were sentenced as a juvenile. They've served 30 plus years and now they do have the option of parole. So, we work with those individuals, and the list goes on and on. So, what is the process? We receive the referral. We make sure that they fit the criteria of our funding. So, it's really super difficult to say someone that they may not qualify, but we only have a small amount of grant funding able that is earmarked specifically to a particular population. So, start with that. Got to have, you know, linkages to referrals. And then we start with that occupational profile, get the appointment set up. It could be, it depends upon, again, where the person's at.

They might be at a prison facility. They may be out in the community. Of course, we try to meet with people in person when we can. But a lot of our services have been through telehealth over time when we were in the jail. So, we're not currently in the jail. When the pandemic hit, things kind of turned upside down. So, we haven't been inside the jail in a couple of years, but of course, all of that was in person. So, we would start with an occupational profile and we have tailored it to the questions that we think are most important for guiding our needs assessment to determine where is the person at, where do they want to be, and really get that tailored information. So, from there, we will do many screening tools. We're looking at anxiety, depression, substance use, cognition, and the list goes on and on. So, from those assessment tools, we'll then use the Canadian occupational performance measure, the CPM, and determine what is their list of priority areas of interest. And then we'll gain ratings on their performance.

How do they feel they're doing at this, and then are they satisfied with this and so on. And so, this whole process leads to the idea that we don't really have the tools that we need for focused assessment in criminal justice. We would love to develop more tailored assessment tools. We've gone through and used every assessment tool that we could find. (LAUGH) And we have decided upon the COPM being the one that best fits our needs. I know other practitioners are using other things, but, so that's where we're at with assessment. And then they'll start meeting with the individual. And it depends on where they're at. Some people have thought about this. They've been in prison for 30 years. They know their path, they know what they want to do. They just need support and facilitating where they're going. Whereas other people, they never had any clue or thought that they'd ever be out of prison. And they're starting from scratch. So, that will determine the number of appointments a person needs.

So, are we going to talk with them twice a week, once a week, once a month? That'll determine frequency of appointments. From there, the interventions are designed for the person. So, one person in particular, I love this example, our OT practitioner, she was a level two fieldwork student who worked with us and then now is on staff, Victoria Thompson. And she worked with an individual with cognitive challenges. So, here's an example of what her intervention looked like. He had never used the metro system to use the bus. He was not able to drive, did not have a vehicle. Was experiencing high anxiety to ride the bus. And so, she worked with him very intensively to work out a plan for accessing the bus system, understanding how it works using his smartphone. He'd never used a smartphone before. So, using the app, even finding a training course for him with the metro service specific to their instructions and things. But over a month's time, he was so anxiety ridden, he could not get on the bus independently and ride it on his own.

He had to have someone with him. They then graded the activity to the point that he was able to get on the bus on his own, and Victoria would ride along behind the bus. So, she would drive in her vehicle and drive behind for that moral support that, you know, I'm here, but you don't really need me. But I'm going to be here just in case and sort of guide him and talk him through. And then he got to the point where over that month's time, he became comfortable with it. And now he's independent with that skill. So, this is a great example of how OT really work with him, really understood where he was at, identified that anxiety piece where he wasn't being defiant by saying, "I'm not riding the bus." He truly did not have those skills needed to do that on his own. So, she just did a phenomenal job. And I think, that's the way OT can be creative. We hadn't thought before about riding along behind the bus with someone, but for this person, he really needed that. So, that's an example of an intervention.

And then as that person becomes more independent with more tasks, this person became employed. He did have many times where, a few times, where it wasn't a great fit for him. So, they worked together finding a different job. But eventually, he found something that works for him. That's a good fit is, you know, really based on his skill set. So, he's doing great there. So, that means at one point she was meeting with him twice a week, then I went to once a week, and now it's probably only once a month. And we look back at that, it was a lot of work. And I think, that's what people need to understand, where just having one handout, one visit a week, You may not see much progress and so you may have to intensify the type of intervention, what's going on, the type of communication and really problem solve through it. You know, so for this person, he'd never used a smartphone before. I mean, that's a huge skill in itself, is to become familiar with all the apps and, you know, how to use that.

So it was really great. And then over time that individual...

MATT BRANDENBURG:  
Absolutely.

LISA JAEGERS:  
Yeah, so it leads to graduation and it can be about a year's time where that person is like, you know what, I'm good, I'm good. Or some people, they want to stay with us for life. We're like, we're fine, we're always here, but you're doing phenomenal. You can do this on your own. So, it just depends.

MATT BRANDENBURG:  
That's a such a wonderful example of person-centered care, and really highlights some of the unique lived experiences that people who have experienced incarceration go through, like you mentioned with the smartphone, you know, someone may have been incarcerated when smartphones were invented. And it's just a totally new technology and it kind of touches on occupational deprivation. Can you define that term for us and kind of the influence that it has on individual and community health?

LISA JAEGERS:  
Yes, absolutely. So occupational deprivation is where a person is denied the opportunity and resources to participate in occupation. So if you think about a prison setting, that person is typically not allowed to, you know, call their family any time they want, leave the facility, obviously, you know, decorate their room, have the ability to do any type of employment or work that they want to do. It's, they are not able to access the things that they might be interested in and so on. So it can really strip that person off the sensory, environmental, social and things that, those aspects of life that we need to be well and whole. It's a part of the concepts around occupational justice where we recognize the occupational rights to participation in everyday occupations. And I'm actually reading this, this is in the OT Practice Framework 2020, incited to Nilsson and Townsed 2010. But we recognize that people have these rights. And so regardless of who they are, they should be able to participate in the things that they need and want and have to do.

One other concept that I think is so important, and when I talk to different audiences about this, I let OT practitioners know that while you may not be interested in criminal justice, you will come across someone who's affected by the criminal justice system. Because there's something like one in seven people in the US has a record of incarceration in some way, shape or form. So if you're working in a hand clinic, you're working in long term care, you're working in pediatrics, that child's parent may have a record of incarceration, that child may be at risk for incarceration because of the environment in which they're living, the history that they've had and so on. So we really need to be aware of it, because what I would love to see OT practitioners doing as well is get into the prevention phase of all of this work, and that is, if you're working with babies in the NICU, if you're working with a preschooler and they're showing signs of behavior that's not fitting the norm, they might be at higher risk for getting into this pathway, so to speak.

I'm using the word pathway rather than pipeline. It was suggested by (UNKNOWN) and we're thinking about ways to intervene and reduce risk of juvenile detention, you know, going to the principal's office, and then juvenile detention and so on and so forth, because that does lead to jail time over time, it leads to prison time. So where can OTs sort of be that advocate and reduce the child's risk? Maybe we're working in long term care and we're seeing that a person in that long term care setting has an adult child who's taking advantage of them. How are we advocating for those individuals as well? So we need to think about how is a person affected in all these cases. But yes, going back to your original, your question about occupational deprivation, we think about how there's, it's such a stark difference if you're held in a jail or prison for any length of time. How do you acclimate to the community? And a lot of places call it rehabilitation where, OK, you've been in this jail or prison, and now you're going to go back to the community and you've been rehabilitated.

You're all better now. But in many cases, a person has lived in a situation where perhaps they never had the opportunity to see or model or learn from someone in their family or friends to maintain their household, or to consider a calendar or have a bank account or have stable employment and all these things. So not only are they deprived of just everyday things in the prison setting, but maybe they've never had the learning to do the things that are typical in the community. And so when I started talking about people, you know, working in any type of setting, we need to consider both occupations that are sanctioned, that our cultures, our communities say, Oh yeah, that's cool, that's fine that you're doing those things. We also need to think about non sanctioned occupations. And Niki Kiepek out of Dalhousie has written on this one article, in particular, in the Journal of Occupational Science is really great. And it's talking about occupations framed as unhealthy, illegal and deviant.

Because if we can pick up on those things and just be more comfortable talking about them with our clients, with individuals that we're working with, we could be a whole lot further along in this advocacy work and just identifying the needs of people in their everyday occupations so that they can, you know, again, reduce their risk for incarceration.

MATT BRANDENBURG:  
Absolutely. That's a great illustration of some of the occupations and skill sets that are, you know, addressed through interventions within your program. And you mentioned some of the results you've found and increased employment, increased independence and decreased reentry into the justice system. What other results did you find through participation in OTs?

LISA JAEGERS:  
Yeah. Well, we found that some of the, there's many barriers and facilitators to doing this work. The things that we learn from it are that referral sources are enormous. We need to educate those people who will be referring to us so they understand that when they have a person who is unable to navigate the bus system or keeps losing their job many times or is dealing with this mental health challenge, substance abuse challenge in their day to day needs, you know, they're just not functioning. Maybe they can't put a pin on it, but they just know, Oh, that, I need an OT for this. That's what we need. We need people to say that's, you know, I need a referral to an OT. So that's huge. We also need to be matched, match ourselves with clients who are at that stage of change where they're ready to engage. So when we worked in the jail setting, you know, there were 2,000 people in the facility and we were only able to work with ten people at a time. We had limited, you know, staffing, limited resources.

And so we really had to make sure that we were focused on people who are at that stage of change, ready, motivated to participate. Ideally, we would have reentry services for everyone. Facilities are coming on to that. Since we started doing this work in 2015, it's, things have come a long way. There's huge national initiatives for reentry, so it's coming along. But we really had to ensure that clients would be engaged, that they weren't just using us as time to get out of their cell, you know? So that was huge. And like I mentioned, community partners. This team approach is so, so important. And we're just learning that, you know, we've got to go in and be persistent and really be willing to do the hard work to make it happen. And being turned down once, you might get turned down ten times, but you have to just keep trying because we do know that it's worth it. It's, sometimes just finding that key person who's like, Oh, I get it. I totally get it, you know? And then they can be sort of your liaison to make it happen.

MATT BRANDENBURG:  
One partnership can open the door to just so many positive outcomes through applying occupational therapy in this setting. For practitioners working in the justice system or elsewhere, you mentioned the importance of these community partners and what are your recommendations for how to really identify and connect with, you know, the correct partners in the community that could increase the scope and impact of occupational therapy?

LISA JAEGERS:  
Yes. Well, there are so many people in this space. I would never go in there thinking that you're the first person who's thought of doing this because your community is probably filled with many people who are trying to do this really great work. So what I've done, like in a city setting, is through the mayor's office, there's many groups, like a Criminal Justice Coordinating Council. There's a mental health board, there's people working on policing initiatives, you name it, wherever you'd want to enter the system, like I mentioned, that sequential intercept model. If you want to be going on calls with police officers to help divert individuals to mental health care rather than being arrested, there's a place for you and there is a board, there's a team of people working on that. It's asking around, it's calling your mayor's office or whatever community, you know, offices, and then just Googling it in your local communities. In the Saint Louis community, there's a wonderful organization called Star Reentry, so it's the Saint Louis Alliance for Reentry, and this is supported by community agencies.

The Missouri Probation and Parole Group is also a big part of it. And so they typically have monthly meetings or quarterly meetings and you just go there and network. And then each year they have a summit and all of the information is related to reentry. And some of the topics this last year were on human trafficking. I spoke briefly about trauma. In the past, I've spoken about workplace health because people doing this work, we are such high risk for burnout. It's high stress. You've got to be thinking on your feet and it's a huge burden as well to consider someone who is having a hard time finding housing, like what are we going to do? This person doesn't have a place to go tonight. You know, it's really stressful and straining on someone. So those are some examples. And then also, you know, so if you want to be in the prison system, you know, consider who are your linkages at the state level. For prisons, typically they're at the state level. If you're looking at federal level, you know, what are the agencies at federal levels?

So it just really depends on what your interest area is. Do your research, try not to go in there cold because, you know, you want to try to be as informed as possible going in and have informed questions. And listen and learn first and then start considering ways to educate people about what OT is by addressing those gaps. Like, Oh my gosh, my clients, they keep losing their job or Oh, my client has been kicked out of his apartment multiple times. OK, now put on your OT lens. How can OT help that community partner? How can you partner with them and address this need with housing or with employment or whatever it may be? So it's using that needs assessment, you know? In school, students are learning about community needs assessment and, you know, environmental scans and all these things in our community courses. So really put those skills to work and and just try to be a listener as much as possible. And if anyone would ever need help, I've had many people reach out to me like, Hey, I'm trying to pitch this program to my local jail and we just talk it through.

I'm happy to meet with people, we talk it through. I've had people develop PowerPoints and they'll show me, what do you think? And I'll help them tweak it, you know, and just give them pointers 'cause it is a lot about kind of, you know, pitching a business, kind of pitching your business plan and doing it in a tailored way as well.

MATT BRANDENBURG:  
Those are such a wonderful examples and recommendations and ways that practitioners can be creative too to demonstrate OT's value and role within the setting. I think incarceration is, you know, a big problem within our country. And there's so many, you know, effects and outcomes that it has in someone's life. You shared a couple examples or lived experiences of clients who have worked with the program and achieved positive outcomes. Are there any more stories or examples that you'd like to share with us today?

LISA JAEGERS:  
Sure. Yeah. Gosh, we've had individuals who were, you know, thinking that they were never going to be released from prison. And one individual is working at a TV broadcasting station and is our technical support. Another person is actually doing guest speaking across the country. And I think this was after your time in the program. But you were, I was thinking of you and the work that you did as well, which was great. We had one client who started their own dog walking business and was very entrepreneurial and we just loved it because the field work student, and he created flyers. They, you know, looked at ways that they could market this business and it was great. And he was able to launch that business, started his own Instagram page, you know, to market it and stuff. So, you know, it's being creative and just, you know, that's... I think that's the fun part of it is, and then to see the clients succeeding. And we use that word succeed, but you know, it's really living out, I mean, they are dreaming of what they can do before they're released and they are truly carrying out, you know, what they've dreamt of.

So it's quite inspiring. And then the other thing is, we try to do this graduation ceremony. We used to call it a bridging ceremony, now we, it just always was called graduation. But we recognize those individuals who stayed in the program, who persevered, who maintain their community living, and they come in and they give their little speeches. And it, I mean, there is not a dry eye in the house because they talk about how OT changed their life. They talk about OTs, they talk about their OT, their practitioner who worked with them. And we're not giving them prompts. Like we're not saying, Oh, and you've got to say, you know, OTs, when you get up and talk, we're not saying anything to them. They are naturally just like, Oh my gosh, and Christine changed my life. We have one individual who literally runs a soda cream shop and was featured in the newspaper just doing phenomenal work. And, you know, it's just great. So I hope those are a few good examples of stories. But I'm just smiling here thinking about, wow, like it seems so hard in the day to day, you know, the day to day grind like, oh my gosh, I couldn't get this appointment set, this has been so hard, the person's no showing to their appointments, this employer fell through.

You know, there's so many challenges and day to day barriers. But then you go to these graduation ceremonies and you see the culmination of everything that has come together over the course of a year or two years or three years, from that person being in the prison setting, that person being released, that person working with their practitioner for a full year, and then, you know, and how it looks, their family, their friends are there. They are just beaming and smiling and just so thankful. So it truly makes it worth it.

MATT BRANDENBURG:  
And I love that. And I love this program. And it's such a clear illustration of how occupational therapy and, you know, the skills and person-centered care can really be a bridge to facilitate reentry and help people, you know, accomplish those things that they dream about, the things that they want to do that they need to do to live their meaningful life. What recommendations would you give to OT practitioners to better understand and address occupational justice in their practice, whatever setting they may be in?

LISA JAEGERS:  
Yeah, I think it's just listening to individuals, listening to people and hearing where they're having challenges and try to be an advocate where it's appropriate and where you can facilitate it with your OT skills. We are truly advocates. We're advocating for an individual to get the sock aid or the reach or, you know, whatever it may be in an orthopedic setting. But we're also advocating for that individual when they return from, you know, a surgery and they don't have a place to go, like, are we helping to support their ability to find housing and to find employment after that life changing injury? We might say, well, gosh, that's out of my skill set or that's outside of my scope or what my facility does. But perhaps there's a need there, perhaps there's a way to fill that gap. And perhaps when you're in that situation, you're like, Wow, I did a great job getting that person back, back into shape after this, you know, burn injury or TBI or, you know, major thing. But I know they're going back to this home that's not going to support them.

And I'm so worried about them. Well, gosh, where can we be? Can we know the linkages, know the partnerships or build out the types of services that we're providing so that we are working in that holistic way? And thanks to all those practitioners out there already who see that need and are doing that. In particular, I had a request from a past student who her level one, her level two fieldwork A was in an acute care setting, and oftentimes they would have people coming in with handcuffs, handcuffed to the bed and a correctional officer with them while they were receiving care. And for some of those practitioners, it was very daunting and caused a lot of stress and anxiety because that person just didn't feel comfortable, like, oh my gosh, why is this person coming in in handcuffs? Am I going to get hurt? You know, what are the implications of this? What might happen? So we've even thought about ways to just educate the general practitioners on, OK, this correctional officer is there for your support.

Please ask them what you're allowed to do or not. If that person will not allow the handcuffs to come off, there's a reason 'cause that officer might get fired if he allows those handcuffs to come off. So they might be working with that jail that's sending patients over so that you kind of understand where are we at? What are we allowed to do? Can we negotiate? Can we advocate for that client to have the handcuffs taken off for 15 minutes while we do some arm exercises? You know, the list goes on and on in terms of occupational justice and related to criminal justice and, and how we can be advocates and, like I mentioned earlier, prevention, reduction of incarceration and, you know, and then working with people reentering.

MATT BRANDENBURG:  
There's so many applications of this work and this research. And you're such a wonderful example of practicing at the top of your license of being evidence based, of doing your own research, of establishing programs and interventions that are backed by evidence and conducting your own research and creating your own evidence on the effectiveness of occupational therapy and these programs to share with the community and to share at even higher levels. So thank you for that, Lisa. And I want to ask what additional resources would you recommend to our listeners who want to learn more about the topics we've discussed today?

LISA JAEGERS:  
Yes, absolutely. Well, to tie into that, so much of the work that I've done, like I started out with saying, is because of the fieldwork students, the doctoral students, the people who are so passionate about this, who just really want to contribute to this area. So I appreciate that so much. And for instance, last January, I had three doctoral students, two working remotely, one who came on site, and each of them has a publication to publish, a manuscript to publish from their work. So I am willing to work with doctoral students who are very capable of staying on task and working really hard. Those projects, they worked up until their last minute of their hours on their capstones and they have stellar projects to show from it. At the same time, many of their colleagues, student colleagues have been done weeks, weeks before, but they didn't have a publishable manuscript and didn't have that evidence to share after that. So I am always open to working with more students and do have opportunities to actually start up new programs with a Department of Corrections who's really motivated about that topic of cognitive disabilities.

So I am seeking level two students who might be interested in that, or doctoral students so they can always reach out to me. I have a Linktree with a bunch of links. And it's drljaegers, j a e g e r s. So if you just go to Linktree, drljaegers, you can find all my links and social media stuff and publication links. And then for networking with people who are an OT or interested in justice based practice or occupational justice generally, we have the Justice-Based OT Network. And that was started with people who were doing this way before me. So we've got Dr Barney, Crystal Dillman from Dalhousie, Mary Beth Dillon, University of Findlay, Christine Haworth at OTTP in San Francisco, Jaime Munoz at Duquesne, Sandra Rogers, Rutgers, Chi-Kwan Shea at Samuel Merritt, Selena Washington, Saint Louis U, and John White Pacific University. These are just a few of the many colleagues that we have working in the space. So what we learned was practitioners, there are so many of you out there who are so interested in this, and I love that.

And we're trying to, while we're doing all this work, try to find a network, a way to link people. There's no membership. It's just, go to the Instagram, go to the Facebook page. We have a Linktree (UNKNOWN) all one word. So that's on Linktree and you can find, I'll put little job openings there, like right now there's a job opening at the Bureau of Prisons for OT. We're linking to our JBOT initiative. We did a paper that we published to kind of talk about what's needed to advance practice in OT services in this space. And then at each AOTA conference we've been very fortunate. Frank Gainer has been so generous in allowing us to meet when there's an AOTA conference going on. We've met at the AOTA Specialty Mental Health Conference before and it's just I'll say, Hey, Frank, we're going to be at the conference. Is there any way that we can meet up in a space at the conference center? And we did this in, where was our last conference? Kansas City. And met up.

MATT BRANDENBURG:  
Kansas City.

LISA JAEGERS:  
Yeah. And we had the most rich, robust conversation and linkages among practitioners ever. And each year it grows and more people come in and they're like, Oh, well, I've been practicing in a prison for ages, but I never knew you were out there. And, Oh, I'm working particularly with people with substance use disorder and incarceration. Oh, and I'm working with kids who have trauma and I'm working with people, kids adopted, you know, the foster care system, which really intrigues me. So we, you know, we're coming together as much as we can, posting on Instagram. And what I tell people is just go online and find out, you know, message people. Like we're just trying to make this as informal and accessible as possible because we haven't had the time or the resources to truly make a dedicated site and manager of all that. But that's the JBOT network and there are so many phenomenal people in there. It's really great. So, OK. And then AOTA has a...

MATT BRANDENBURG:  
It sounds like a wonderful community.

LISA JAEGERS:  
It really is. And sorry, I could go on and on about resources, but there is a brief AOTA webinar, I believe, on criminal justice and OT, so that's recorded and online. I'm trying to think of other things. Basically, any time there's something justice related, I will try to post it on the JBOT social media or my own. And sometimes I've even posted like, here's an example of OTs, a way to connect and collaborate with others. And I'll post the event, like that Star Reentry event and I'll say, you know, maybe try to do this in your community just to inspire people so you can see what can be done. Or I'll post, here's a job opening. It doesn't say OT on it, but man, it sure sounds like OT could do this. So that could be a way to get your foot in the door where people might not know what OT is, but man, if they have an OT on their staff who fits, you know, this job description, who can do these things, we can kind of get into facilities that way as well. So I'm happy to answer questions from people.

If I haven't responded back, be persistent. It's a good way to get on my radar and I'm really just happy to help because I want this to live and grow on its own. I want it to be across our profession. There's also this Facebook group called Prison for OT. I believe it's out of maybe England or somewhere in Europe. There are people doing phenomenal work overseas, Canada and so on. So there's a network out there, it's just, you know, it's a matter of finding it.

MATT BRANDENBURG:  
I love that. I love that. Thank you, Lisa. And we end every interview on this show, Lisa, with our Golden Nugget segment. It's just one question. If you could share one piece of knowledge or one recommendation to practitioners, what would you say?

LISA JAEGERS:  
Oh, my gosh. That's a really tough question. Obviously, I have a lot of things to recommend to people. But the Golden Nugget, you know what? If you're passionate about something, just go with it. Just go with it because there's a reason why, and it keeps you energized to keep doing this work. If you're in a situation, a facility, an environment that's just not helping you to thrive, maybe it's not a great fit. Definitely learn and try to grow from it as much as you can, but really try to find your passion because, you know, it's very, very fulfilling when you do. And also surround yourself with people who are motivated and energized similarly. And I'm kind of choosy in that way, especially more now, and it really helps move this forward. So just go with your passions, the Transformative Justice Initiative or simply looking at the setting as a whole. So sometimes I think that we get very highly focused on one area. But if you think about a typical workplace, you've got, perhaps it's a manufacturing plant.

And just so you know, in no way, shape or form am I trying to say that a prison or jail is like trying to manufacture things from people and so on and treat them as non-human. OK. But what I'm trying to say is in a lot of settings in workplaces, you have a goal. The goal is to do something good, to be productive in some way. And what I see in jails and prisons is there's not much focus on a particular goal of the day. It's hard for a jail or prison to be able to say at the end of the day, it's been a good day. And what I'm trying to talk about with corrections leaders is that how can we look at metrics where across the board in your jail or your prison, how have you addressed your workplace health needs and the needs of the people held in your facilities towards metrics and goals for identifying, understanding whether or not your facility had a productive or healthy or good day in, you know, in our courts. Because we can all contribute towards a healthier environment for well-being across the board.

So ultimately, in a lot of the things that I talked about here today, we're talking about public health, we're talking about community health, we're talking about how can we have an impact on the system. And if we're working with an individual in that jail, are we also having good communication with that correctional officer who has a direct impact on that person's day, on that incarcerated person's day? You know, how are we thinking about that? Because we had a lot of challenges getting into facilities and working with people across the board. But if we hadn't started with the workers first, I think it would have been a whole lot harder. So, just thinking about a holistic approach, I think is something super important. And so my workplace health research really does try to instill the concepts of participatory, listening, understanding the needs of most everyone involved and then designing interventions, programs, practices and so on based on that information. So in no way do I just want to go into a facility and say, Hey, I'm this OT and I've got all the answers and I know what you need.

We've got to go in and listen and learn and then design based on those holistic approaches and then continuously improve. So what we're doing from 2015 has changed quite a bit to what we're doing now. And we've got a mold and shape based on the needs of what's going on. So hopefully that helps just thinking about the facilities as a whole, there's more to it. If you're only focused on that person incarcerated, there's a lot more to the puzzle than that one individual. It's their family, their social network, their case manager, their community supports, their correctional officers, that facility, the environment around them, that occupational deprivation and so on and so forth. So just one more little tidbit to consider.

MATT BRANDENBURG:  
I love that. That is a wonderful nugget. Lisa, this conversation has been so informational and inspiring. Thank you so much for sharing your expertise and your knowledge with us today.

LISA JAEGERS:  
Absolutely. Matt, thank you so much. This has been a pleasure and thank you for doing these podcasts. You do a phenomenal job and I look forward to listening to more of them.

MATT BRANDENBURG:  
You are too kind. We're going to have to have another conversation and let you become a recurring guest on the show, I think.

LISA JAEGERS:  
I would love that or I would love to have someone from our team join you as well. You know, they're the boots on the ground. I'm relaying the hard work that they're doing. So I always try to give them as much credit as possible because I would have nothing to talk about here if it wasn't for, currently, Victoria Mackenzie, Paige, fieldwork students and so on. So, so yeah, it takes a village for sure.

MATT BRANDENBURG:  
Yeah, absolutely.

SPEAKER:  
Thanks for listening to Everyday Evidence. Tune in next time for more evidence based practice insights and applications.