



INTERNATIONAL JOURNAL OF
MULTIDISCIPLINARY RESEARCH & REVIEWS

journal homepage: www.ijmrr.online/index.php/home

COMMUNITY REINTEGRATION FOR PRISON INMATES THROUGH MULTIMODAL SERVICE DELIVERY APPROACH-A SYSTEMATIC REVIEW

Sanjanaa G.A^{a,*}, Yamuna C^b and Krishna N.S^c

^a Sanjanaa G.A, OT-Intern, KMCH College of Occupational Therapy, Coimbatore-48, India.

^b Yamuna C, Associate Professor, KMCH College of Occupational Therapy, Coimbatore-48, India

^c Krishna N.S, Assistant Professor, KMCH College of Occupational Therapy, Coimbatore-48, India

*Corresponding Author: Sanjanaa G A, OT-Intern, KMCH College of Occupational Therapy, Coimbatore-48, India

How to Cite the Article: Sanjanaa G.A et al. (2024). Community Reintegration for Prison Inmates Through Multimodal Service Delivery Approach: A Systematic Review. *International Journal of Multidisciplinary Research & Reviews*, Vol 03, No. 01, pp. 129-141.

Keywords

Community reintegration, Prison Inmates, Occupational Therapy, Systematic review, Multi-modal services, Justice

Abstract

Effective reintegration of prisoners into society remains a formidable challenge for justice systems globally, characterized by multifaceted barriers such as housing inadequacies, job scarcity, healthcare disparities, and limited social support, often culminating in recidivism.

The aim of this study is to analyse the available researches and to summarize the studies to provide findings on the application of multi-modal service deliveries on reintegrating prisoners into the community.

The methodology included a meticulous search across prominent databases which yielded 14 pertinent studies spanning the period from 2008 to 2023, meeting the pre-determined inclusion criteria. The methodological quality was ensured through adherence to the National Institute of Health (NIH) Quality Assessment Tool. A Comprehensive data encompassing population demographics, assessment tools, intervention modalities, duration, and outcomes were meticulously extracted and analyzed. A study protocol was registered in the PROSPERO (ID: CRD42023415865).

This systematic review assessed fourteen studies based on the inclusion and exclusion criteria, identifying effective interventions for prisoner



reintegration, including Cognitive Behavioural Therapy (CBT), Multidimensional Family Therapy (MDFT), Dialectical Behaviour Therapy-Corrections Modified (DBT-CM), Buprenorphine/naloxone treatment, Patient Navigation program, and Cognitive Behavioural Suicide Program.

Results indicate these programs facilitate necessary skill development for community reintegration. The review prioritized prisoner problems and needs and evaluated interventions from five prison-based programs, highlighting the efficacy of occupational therapy workshops, particularly for inmates with Intellectual Disability.

1. INTRODUCTION

Imprisonment, a response to criminal behaviour, houses individuals deemed prisoners, including both genders. Originally punitive, prisons now prioritize rehabilitation. According to the Prison statistics India (2021) prison occupancy rose to 130.2%, hampering rehabilitation programs amid pandemic restrictions. Although 1,918 convicted inmates accessed education and vocational training, overcrowding impedes broader rehabilitation efforts, illustrating the challenge of balancing punishment and reform within prison systems.

1.1 Community reintegration

The United Nations Office on Drugs and Crime (2018) coined the term community reintegration, also known as social reintegration, which refers to the process of reintegrating inmates into their social environment. Targeted interventions aim to prevent criminal behaviour or reduce reoffending. Success is measured by decreased recidivism rates, motivating offenders to cease criminal activities. Hyde J et al., (2022) stated that the transition from incarceration to community settings presents challenges for re-entering individuals.

The United Nations Office on Drugs and Crime UNDOC (2018) contributes insights into prisoners' multifaceted challenges during reintegration, including societal stigma and collateral consequences of incarceration like loss of livelihood and health issues. Limited access to healthcare, education, and employment exacerbates difficulties. Consequently, they become trapped in a cycle of re-offending. One contributing factor to this pattern is occupational deprivation, where prisoners lack meaningful engagement in activities that promote their health and well-being.

Prison programs aim to reduce recidivism by fostering personal growth and skills essential for successful community reintegration. These programs fall into three categories: prison-based rehabilitation, post-release reintegration and aftercare, and community-based non-custodial programs (UNDOC 2018).

Successful rehabilitation in prisons requires a coordinated effort among rehabilitation teams, each playing a vital role in addressing specific aspects of the inmates' journey toward reintegration. A multidisciplinary approach involving rehabilitation teams is necessary within the prison system to provide comprehensive support to the inmates. This endeavor can enhance awareness and guide the rehabilitation team in reviewing and synthesizing evidence from different service approaches related to community reintegration within the prison setting.

2. METHODOLOGY

This review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and pre-registered on PROSPERO (number CRD42023415865).

2.1 Eligibility criteria

Studies were included if they met the following criteria: (1) articles that provided empirical evidence pertaining to the efficacy of community-based programs in facilitating the reintegration of incarcerated individuals (2) if the articles were published in peer-reviewed scientific literature written in the English language (3) if the articles were published between 2008-2023 (4) if the sample included: prison population of all age group or gender with any underlying physical or psychological illness and under community reintegration programs (5) if the articles were in respect to the PICOS (participants, intervention, comparisons, outcomes, study design) questionnaire. Quantitative studies of study design Randomized Controlled Trials (RCT), observational and cohort studies were included.

Studies were excluded if the article were not peer-reviewed or yet to be published. Unrelated, duplicate, unavailable full texts or abstract-only papers were also excluded.

2.2 Literature search and study selection

A systematic review was conducted using Google Scholar, PubMed, ELSEVIER, tandoffline, ResearchGate, occupational science literature, and offspringer. It encompassed articles published between 2008-2023. The search terms were generated.



Table 1: Literature search terms

Category	Key Search Terms
Sample or Population	Prisoners undergoing incarceration, parole prisoners, long term or short-term imprisonment, former incarcerated individual, prison inmates
Intervention	Community reintegration, social reintegration, Prison based rehabilitation, Offender re-entry programs, Vocational rehabilitation, Life skill programs
Outcome	Successful reintegration; reduced recidivism; community integration

After removing duplicates, title, and abstract screening was conducted using the eligibility criteria. Articles were included according to the Centre for Evidence-Based Criteria under the evidence level 1B, level 2B, level 3B, and level 4.

2.3 Data extraction

Articles were independently reviewed and data extracted using a pre-designed form. Information encompassed study citation, design, population details (age, sex, offense), assessment tool, intervention specifics (description, duration, setting), control group details, and outcomes.

2.4 Quality assessment

The study quality was assessed using the National Institute of Health (NIH) quality assessment tool. This checklist was chosen to accommodate the various randomized and non-randomized research designs included in this systematic review. In the step of quality assessment, two raters independently assessed and scored each study using the NIH assessment tool. In case of controversial scores, a third person rated the articles and the majority rating was considered.

2.5 Data analysis

The analysis of the studies followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards, which involved describing and evaluating various aspects, including study levels, study design, participant count, intervention type, outcome measures, summary of results, implications of Occupational Therapy, and study limitations.

3. RESULTS

Following the PRISMA flow chart (Figure 1), a comprehensive database search was conducted, resulting in the identification of a total of 461 articles. No supplementary articles were identified through manual reference list searching. After removing duplicates, 154 articles subsequently



underwent a meticulous assessment of titles and abstracts, leading to the exclusion of 130 articles. Consequently, 14 articles were included in the review, meeting the pre-defined inclusion criteria, (Moore K et al., (2018), Gordan M et al., (2014), Nyamathi M et al., (2018), Stelter L and Evetts C (2020), Amoke C et al., (2020), Van der Pol T et al., (2018), Binswanger I et al., (2015), TamBari D et al., (2019), Nidich S et al., (2017), Lyons T et al., (2019), Pratt D et al., (2015), Brousseau C et al., (2020), Reznick O et al., (2013), Hediger K et al., (2022)) and all the chosen articles were authentic research studies published within the year of 2008 to 2023. The summary of the result and analysis is presented in Table 2.

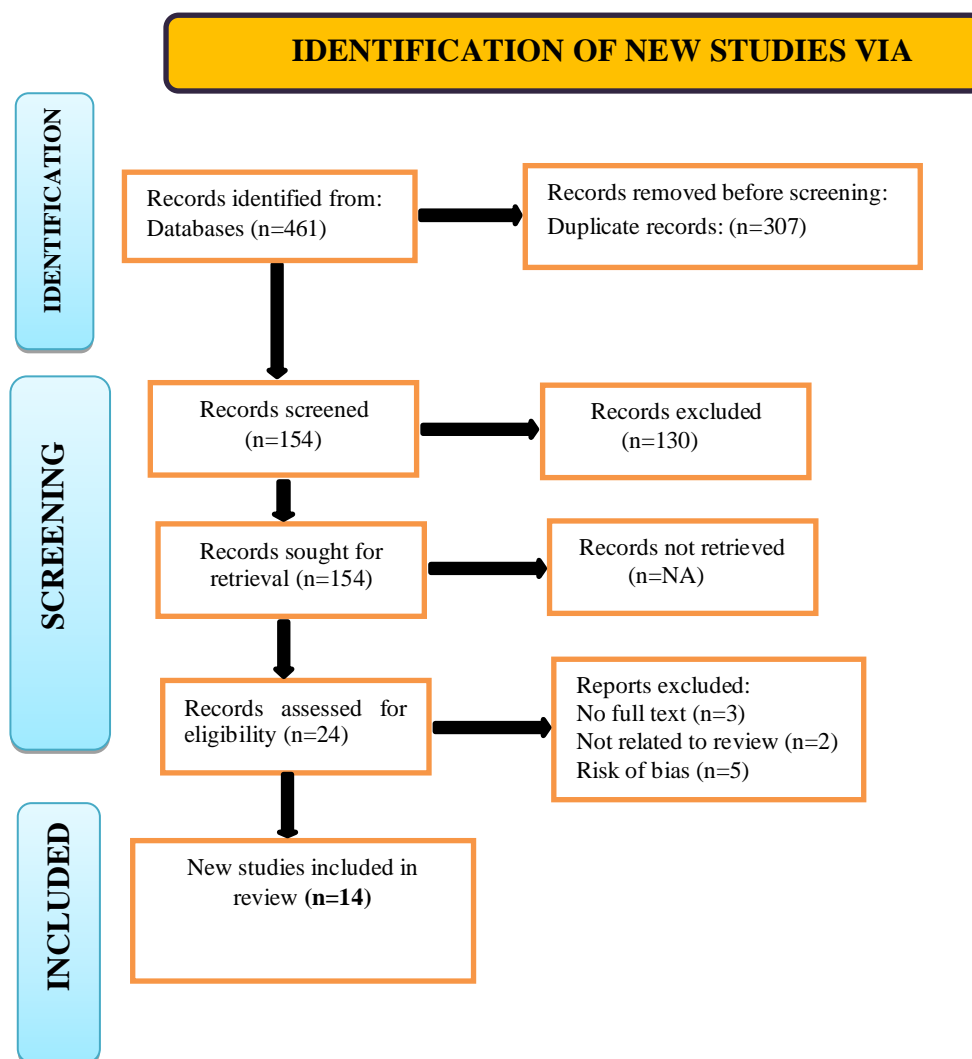


Figure 1: PRISMA chart of the research process for prison inmates

Table 2: Results of Risk of Bias Assessment Using the NIH Quality Assessment Tool

Sl.	Study ID	Score
1	Moore K et al., (2018)	12**

2	Gordan M et al., (2014)	12**
3	Nyamathi M et al., (2018)	12**
4	Stelter L and Evetts C (2020)	11**
5	Amoke C et al., (2020)	13**
6	Van der Pol T et al., (2018)	11**
7	Binswanger I et al., (2015)	13**
8	TamBari D et al., (2019)	8*
9	Nidich S et al., (2017)	11**
10	Lyons T et al., (2019)	8*
11	Pratt D et al., (2015)	13**
12	Brousseau C et al., (2020)	13**
13	Reznick O et al., (2013)	12**
14	Hediger K et al., (2022)	12**

* Fair ** Good

Table 3: Summary of study result

Study ID	Level of evidence	Demographic Characteristics (Sample Population, Age, Gender)	Size, Tools used	Intervention program	Duration of intervention	Outcomes
Moore K et al., (2018)	Level 2b; longitudinal study	(n=334); Inmates held on felony charges in urban jail; Age range: 18.4 to 69.6 years; M: F-236:98	#Demographic questionnaire #TOSCA-SD* #PAI* #IPES* #CCS*	Changes in community integration pre- to post-intervention on employment and other related domains	From entry into prison (time 1), upon release into the community (time 2), and 1-year post-release (time 3)	Inmates showed significant improvement in community integration, particularly in employment, sources of income, and volunteerism, without any evidence of deterioration in residential stability and marital status.
Gordan M et al., (2014)	Level 1b; Randomized Control Trial (RCT)	(n=211); inmates with heroin dependence before incarceration; Age range: 35 to 45 M: F-148:63	<ul style="list-style-type: none"> Addiction Severity Scale Natural History Interview 	<ol style="list-style-type: none"> In-Prison comparison treatment includes: <ul style="list-style-type: none"> Buprenorphine / naloxone treatment or Counselling Post-release service setting treatment includes: <ul style="list-style-type: none"> Opioid agonist maintenance treatment program (OTP) 	12 weekly sessions with 1-month post-release follow-up 10 days sessions at the post-release service settings	Buprenorphine for non-opioid-tolerant prisoners facilitated their entry into community treatment and positively impacted their engagement in-prison treatment programs. This effect was particularly pronounced among women, who demonstrated a higher completion rate of prison-based treatment compared to men.



				<ul style="list-style-type: none"> or community health center (CHC) 		
Nyamatyhi M et al., (2018)	Level 2b; pilot RCT	(n=130); n=65 in DBT-CM and n=65 in HP Homeless ex-female offenders on parole or probation; Age range: 18 to 60 M: F-0:130	<ul style="list-style-type: none"> • TCU* • DERS* • DBS* • CES-D* • WRNA* • CJ-CEST* 	<p>Comparison intervention between:</p> <ul style="list-style-type: none"> • Dialectical behaviour therapy-corrections modified (DBT-CM) program and • Health Promotion (HP) program 	6 Group and 6 one-to-one individual sessions for 3 months (DBT-CM) 6 group sessions in 3 months (HP) Both treatments held follow-ups at 6 months from baseline	The research demonstrates that Dialectical Behaviour Therapy (DBT) reduced recidivism for females re-entering society.
Stelter L and Evetts C (2020)	Level 1b; RCT	(n=85);Female inmates with IDD; Age range: 22 to 66 years M: F-0: 85	<ul style="list-style-type: none"> • Volitional Questionnaire • Goal Attainment Scale • Social profile • Relative mastery scale 	<p>Occupation-Based programs including OT workshops includes:</p> <ul style="list-style-type: none"> • Horticulture crew, • Craft crew • Technology crew and • cooking crew 	6 months intervention with 2 phases: First phase 12 weeks; The second phase is 12 weeks	The intervention significantly improves rehabilitation outcomes by promoting occupational performance and participation, resulting in a notable reduction in adverse behavioral incidents following its implementation. This underscores the crucial contribution of Occupational Therapy in addressing the reintegration and participation challenges faced by incarcerated individuals with Intellectual and Developmental Disabilities (IDD).
Amoke C et al., (2020)	Level 1b RCT	(n=38) with n=20 in intervention arm and n=18 in control arm; Awaiting-trial inmates with moderate to severe psychological distress; Age range: 20 to 30 years M: F-34:0	<ul style="list-style-type: none"> • Perceived emotional distress inventory (PEDI) and • General health questionnaire (GHQ-12) 	<p>Group Cognitive Behaviour Therapy to the intervention group. No intervention to the control group.</p>	3 months intervention; with 12-weekly sessions Follow-up at 6 months from baseline.	Group cognitive-behavioral therapy (CBT) effectively reduces negative thoughts and irrational beliefs among awaiting-trial inmates, leading to diminished psychological distress, with sustained efficacy during follow-up.
Van der Pol T et al., (2018)	Level 1b; RCT	(n=109); n=55 in MDFT and n=54 in CBT Delinquents with cannabis use disorder Age range: 13 to 18 years M: F-89:20	<ul style="list-style-type: none"> • The Dutch BOOG scale, • NIMH,* • FES,* • TLFB,* • ADI-Light,* • PEI* 	<p>Comparison intervention between:</p> <ul style="list-style-type: none"> • Multidimensional family therapy (MDFT) and • Cognitive behaviour therapy (CBT) 	Each intervention was planned for 6 months Follow-up at 12-months from baseline and 3-years.	The research reveals a noteworthy reduction in the rate and severity of police arrests. Both treatment programs exhibited comparable effectiveness in diminishing delinquency over a 3-year follow-up, with MDFT being the preferred choice for cases involving higher substance abuse rates.
Binswan ger I et al., (2015)	Level 2b; prospective RCT	(n=40); with n=20 in intervention arm and n=20 in control arm; Former drug-involved	<ul style="list-style-type: none"> • Addiction Severity Index-Lite (ASI-Lite) and • Patient Health Questionnaire-9 (PHQ-9) 	<ul style="list-style-type: none"> • Patient navigation intervention-intervention 	3 months intervention program	The study demonstrates the intervention's feasibility in the early post-release period, with all intervention

		prison inmates 1 to 15 days post-release; Age range: >18 years M: F- 33:7		<ul style="list-style-type: none"> Usual reintegration treatment-control arm 	Follow-up at 3 months and 6 months from baseline	participants and 90% of controls showing reduced healthcare barriers at three and six months. Both groups exhibited fewer barriers and lower hospitalization rates. The findings underscore the positive impact of transitioning from prison to the community.
TamBari D et al., (2019)	Level 4; descriptive survey	(n=593); Prison officers and inmates in vocational training; Age range: NOT REPORTED M:F-NOT REPORTED	Vocational Rehabilitation of Inmates for Societal Reintegration Questionnaire (VRISRQ)	Vocational rehabilitation	NOT REPORTED	The study highlights that vocational skill acquisition through rehabilitation improves the social reintegration of released inmates. It further emphasizes the importance of including vocational and formal education in rehabilitation to reduce recidivism.
Nidich S et al., (2017)	Level 2b; Pilot RCT	(n=22); n=11 in the intervention group and n=11 in the control group;Female inmates with trauma experiences; Age range: 44.50 (average age) M: F-0:22	Posttraumatic Stress Disorder Checklist-Civilian version (PCL-C)	Transcendental meditation program	4 months intervention with follow-up at the 4 th month, at the end of intervention program.	The study demonstrates the program's feasibility for female inmates and showcases a notable decrease in trauma symptoms among them. Specifically, there was a significant reduction in the intrusion and hyperarousal subscales.
Lyons T et al., (2019)	Level 3b: cohort-based randomized trial	(n=189); n=88 in mindfulness treatment and n=101 in comparison group Inmates court ordered stay(substance abuse); Age range: within 35 years M: F-189:0	<ul style="list-style-type: none"> FFMQ* FMI* BAI* Penn Alcohol/Drug Craving Scale, PTSD Symptom Checklist 	Mindfulness-based relapse prevention program	6 weeks intervention program that includes 6 sessions	The study establishes the program's feasibility within the jail environment as a supplement to substance use treatment. It results in reduced drug craving and PTSD symptoms, along with a slight but meaningful increase in mindfulness.
Pratt D et al., (2015)	Level 2b; Pilot RCT	(n=62); n=31 in CBSP and n=31 in TAU; Male prisoners with risk of suicidal behaviour; Age range: 21-60 M: F-62:0	<ul style="list-style-type: none"> BSSI* SPS* BHS* BDI-II* BAI* RSCQ* BPRS* SAP-AS* 	Comparison treatment include: <ul style="list-style-type: none"> Treatment As Usual (TAU) and Cognitive behavioural Suicide prevention (CBSP) therapy 	20-week sessions with re-assessment at 4 months and follow-up at 6 months at baseline.	The study demonstrates the practicality of Cognitive-Behavioural Suicide Prevention (CBSP) within a prison environment. It also indicates a decrease in self-injurious behaviour, reduced psychiatric symptoms and personality dysfunction, and improvements in the psychological factors contributing to suicide.
Brousseau C et al.,(2020)	Level 1b; RCTS	(n=232); n=119 in CAMI and n=113 in DEC; Incarcerated women with unintended pregnancy; Age range: 18 to 35 years; M: F-0: 232	<ul style="list-style-type: none"> computer-assisted background questionnaire 	Comparison intervention include: <ul style="list-style-type: none"> Computer-assisted motivational interviewing (CAMI) Didactic Educational Video and Counselling (DEC) 	3 months intervention with follow-up at 3,6,9 and 12 months	Motivational interviewing increased birth control initiation in correctional facilities compared to educational videos. Contraception continuation post-release was similar between groups, and the initial difference in initiation lost significance when accounting for sexual partners.

Reznick O et al., (2013)	Level 1b; RCT	(n=162) n=81 in the ecosystem-based intervention and n=81 in the individually-focused intervention; HIV+ prisoners re-entering into the community; Age range: >18 years M: F (and other gender)-144:18	AIDS Clinical Trials Group (ACTG) questionnaire	Comparison treatment include: <ul style="list-style-type: none"> Ecosystem intervention and Individual intervention 	4 months intervention study with 2 sessions prior to release and 16 session post-release. Follow-up at 8 months and 12 months from baseline	The study found that adding an ecosystem-based intervention did not improve community reintegration outcomes for HIV+ prisoners upon release. However, both groups exhibited decreased sexual risk behaviour over the 12-month follow-up period.
Hediger K et al., (2022)	Level 3b; quasi-experimental design	(n=62); n=32 in the treatment group and n=30 in the control group; Male prisoners incarcerated for sexual and violent offences; Age range: 27 to 67 years M: F-62:0	<ul style="list-style-type: none"> Emotional-Competence Questionnaire, Inventory for Social Competence 360, the Saarbrucken Personality questionnaire, the German translation of Davis's, Interpersonal Reactivity Index, Rosenberg Self-esteem scale, short-form Questionnaire for Aggressivity Factors, Problem Questionnaire, (MDBF) 	Dog-Assisted Social- and Emotional-Competence Group Training	<ol style="list-style-type: none"> External assessment: <ul style="list-style-type: none"> Baseline-t₁ 0 week Post-treatment t₂ after 6 months; Follow up 4 months from baseline t₃ Self-assessment: <ul style="list-style-type: none"> Baseline before assessment t₁ week 0 Posttreatment after 6 months t₂ week 24 4 months follow-up t₃ 	The study shows that the training did not impact prisoners' self-assessment of social and emotional competences. However, external assessment indicated higher emotional competence and self-regulation at follow-up, along with reduced aggressiveness after treatment.

**Test of Self-Conscious Affect for Socially Deviant Populations (TOSCA-SD); Personality Assessment Inventory (PAI); and Inmate Perceptions and Expectations of Stigma (IPES); Criminal Cognition Scale (CCS); Lifestyle Criminality Screening Form (LCSF), Texas Christian University Drug History (TCU) Form II, Difficulties in Emotional Regulation Scale (DERS), Devaluation/Discrimination Beliefs Scale (DBS), Center for Epidemiologic Depression Scale (CES-D), Mental health index (MHI), Women's Risk Needs Assessment (WRNA), and Criminal Justice Client Evaluation of Self and Treatment (CJ-CEST); The Dutch BOOG scale, The National Institute of Mental Health Diagnostic Interview Schedule for Children Version IV [NIMH DISC-IV;28], Family Environment Scale [FES; 29-31], Timeline Follow Back [TLFB; 32], Adolescent Diagnostic Inventory subscale [ADI-Light; 33], and Personal Experiences Inventory [PEI; 34]; The Dutch BOOG scale, The National Institute of Mental Health Diagnostic Interview Schedule for Children Version IV [NIMH DISC-IV;28], Family Environment Scale [FES; 29-31], Timeline Follow Back [TLFB; 32], Adolescent Diagnostic Inventory subscale [ADI-Light; 33], and Personal Experiences Inventory [PEI; 34];*

4. DISCUSSION

The primary aim of prisoner rehabilitation is to re-socialize them, address individual needs, and foster law-abiding behavior. This study reviewed community re-entry programs' importance and effectiveness for various prisoner demographics and conditions. It synthesized empirical evidence from diverse prison-based programs addressing behavioral, mental health, educational, vocational, substance abuse, and health-related issues. Overall, the article provides comprehensive insights into prisoner rehabilitation within correctional facilities (Niriella M 2010).



4.1 Data syntheses

Prisoners-behaviour treatment programs: The review emphasized behavioural interventions for inmates, with Cognitive Behavioral Therapy (CBT), noted for reducing distress and fostering coping skills (Amoke CV et al., 2020 Pratt D et al., 2015). Dialectical Behavioral Therapy-Corrections Modified (DBT-CM) significantly lowered recidivism in young female ex-offenders (Nyamathi AM et al., 2018). Animal-assisted therapy and Mindfulness-Based Relapse Prevention (Lyons T et al., 2019 Hediger K et al., 2022) showed promise in enhancing emotional competence and reducing drug craving and post-traumatic stress disorder symptoms.²⁹ Motivational interviewing facilitated behaviour change, especially in contraception initiation among at-risk incarcerated women (Brousseau CE et al., 2020). Overall, the findings underscore the effectiveness of diverse behavioral interventions in mitigating behavioral issues among inmates, emphasizing the potential for therapeutic approaches even in resource-constrained settings.

4.2 Prisoner-Mental health care programs

This systematic review identified Transcendental Meditation (TM) as the sole program focusing on prisoner mental health, particularly trauma symptoms in female offenders. With a small sample size of 22 participants, TM showed significant reductions in trauma symptoms, suggesting its potential as an alternative treatment for incarcerated women (Nidich S et al., 2017).

4.3 Prisoners-vocational and educational training programs

Moore KE et al., (2018) emphasized the role of educational and vocational programs in reducing recidivism and enhancing community integration, particularly employment. Vocational training positively impacts rehabilitation, promoting individual creativity and reducing adverse behaviours (TamBari M, Promise L, and Ibisio 2019). Additionally, a study on women with intellectual and developmental disabilities highlights occupational therapy's efficacy in improving occupational performance and reducing adverse incidents, advocating its inclusion in justice service provider teams (Evetts CE and Stelter LD 2020).

4.4 Prisoners-substance abuse treatment

Studies on inmates with substance addiction highlight the efficacy of Buprenorphine/naloxone treatment in facilitating community re-entry and reducing hospitalizations and deaths post-release (Gordan MS et al., 2014). Binswanger IA et al., 2015 provided that patient navigation programs help to decrease healthcare barriers post-incarceration. Treatments targeting multiple behavioral

problems, such as cannabis use disorder in delinquents, show effectiveness in reducing substance dependence and criminal activity (van der Pol TM et al., 2018). Despite limitations like small sample sizes and gender disparities, these interventions demonstrate promise in addressing recidivism among substance-involved individuals.

4.5 Prisoners-physical health care programs

Reznick O.G et al., (2013) conducted a trial on HIV+ prisoners to underscore the impact of incarceration and community re-entry stresses on HIV transmission risk. Ecosystem-based interventions aim to mitigate risky sexual behaviour, but medication adherence remains unchanged, hindered by repeated reincarceration and varying levels of intervention involvement.

This review underscores correctional interventions' primary objective: curbing re-offending. It addresses pre- and post-release challenges, including behavioral issues, limited education, and health concerns. Effective intervention targeting root causes enhances inmates' community reintegration. Longer intervention durations and sustained follow-up rates bolster success, emphasizing the need for tailored support to meet incarcerated individuals' diverse needs for a smoother transition into society.

5. CONCLUSION

This systematic review assessed the efficacy of multimodal interventions for reintegrating prisoners into society. It examined studies addressing prisoner needs and treatment effectiveness from five prison-based programs, highlighting Cognitive Behavioural Therapy, Multi-Dimensional Family Therapy, Dialectical Behaviour Therapy-Corrections Modified, Patient Navigation, Buprenorphine medication, vocational training, and occupational therapy workshops.

This review underscores the importance of transition-focused interventions. Its insights contribute to understanding community reintegration challenges and effectiveness. Practically, it informs policymakers and practitioners, offering guidance for designing and implementing reintegration programs. Occupational therapy emerges as pivotal in addressing prisoners' needs, planning rehabilitation, and evaluating outcomes, emphasizing its integral role in multidisciplinary reintegration efforts within the criminal justice system.

6. CONFLICT OF INTEREST: The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

7.SOURCES OF FUNDING: The authors received no financial aid to support for the research.



REFERENCES

- [1] Model Prison Manual for the Superintendence and Management of Prisons in India. (2003).
- [2] Pathak, S. K. (2022). India's prisons: organization, types, and functions. *Journal of Legal Research and Juridical Sciences*, 1(3).
- [3] Prison Statistics India. (2021).
- [4] UNDOC. (2018). *Introductory Handbook on The Prevention of Recidivism and the Social Reintegration of Offenders*. Vienna.
- [5] Hyde, J., Byrne, T., Petrakis, A. B., Yakovchenko, V., et al. (2022). Enhancing community integration after incarceration: findings from a prospective study of an intensive peer support intervention for veterans with an historical comparison group. *Health & Justice*, 10(33).
- [6] Vest, B. (2021). *Implications for Occupational Therapy in Community Re-Entry*. Indiana University.
- [7] Johnson, K. S. (2019). *Examining the internal & external factors that motivate inmates' participation among various prison programs*. Electronic Theses and Dissertations.
- [8] Institute for Justice Research and Development. (n.d.). *5-Key Model for Reentry*.
- [9] Canadian Association of Occupational Therapists. (n.d.). *Occupational Therapy and Criminal Justice*.
- [10] Ozkan, E., Belhan, S., Yaran, M., Zarif, M. (2018). *Occupational Therapy in Forensic Settings*. Intechopen.
- [11] Eggers, M., Munoz, J. P., Sciulli, J., Patricia Ann Hickerson Crist. (2006). *The Community Reintegration Project: Occupational Therapy at Work in a County Jail*. *Occupational Therapy in Health Care*, 20(1).
- [12] Wright, R. W., Brand, R. A., Dunn, W., Spindler, K. P. (2007). How to write a systematic review. *Clin Orthop Relat Res*, 455, 23-9.
- [13] Stevens, K. R. (2001). Systematic reviews: the heart of evidence-based practice. *AACN Clin Issues*, 12(4), 529-38.
- [14] Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., et al. (2009). The PRISMA statement for reporting systematic review and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *BMJ*, 339.
- [15] PRISMA [internet]. (n.d.). [Prisma-statement.org](http://prisma-statement.org). [cited 2021 Dec 5]. Available from: <http://prisma-statement.org/PRISMAStatement/FlowDiagram>.
- [16] Moore, K. E., Gregorian, M. J., Tangney, J. P., Folk, J. B., et al. (2018). Changes in Community Integration from Pre- to Post-incarceration: The Influence of Psychological and Criminal. *Crime Delinq*, 64(8).
- [17] Gordon, M. S., Kinlock, T. W., Schwartz, R. P., Fitzgerald, T., et al. (2014). A Randomized Controlled Trial of Prison-Initiated Buprenorphine: Prison Outcomes and Community Treatment. *Drug Alcohol Depend*, 0(33-40).
- [18] Nyamathi, A. M., Shin, S. S., Smeltzer, J., Salem, B. E., et al. (2018). Effectiveness of Dialectical Behavioral Therapy on Reduction of Recidivism among Recently Incarcerated Homeless Women: A Pilot Study. *Int J Offender Ther Comp Criminol*, 62(15).
- [19] Evetts, C. E., & Stelter, L. D. (2020). Effect of an Occupation-Based Program for Women With Intellectual and Developmental Disabilities Who Are Incarcerated. *Annals of International Occupational Therapy*, 3(4), 175-184.
- [20] Amoke, C. V., Ede, M. O., Nwokeoma, B. N., Onah, S. O., et al. (2020). Effects of group cognitive-behavioral therapy on psychological distress of awaiting-trial prison inmates. *Medicine*, 99, 17.
- [21] van der Pol, T. M., Hendriks, V., Rigter, H., Cohn, M. D., et al. (2018). *Multidimensional family*



therapy in adolescents with a cannabis use disorder: long-term effects on delinquency in a randomized controlled trial. *Child Adolesc Psychiatry Ment Health*, 12, 44.

[22] Binswanger, I. A., Whitley, E., Haffey, P. R., Mueller, S. R., et al. (2015). A Patient Navigation Intervention for Drug Involved Former Prison Inmates. *Subst Abus*, 36(1), 34–41.

[23] TamBari, M., Promise, L., & Ibisio. (2019). The Influence of Vocational Rehabilitation for Societal Re-Integration of Inmates in Nigerian Prisons in Rivers State. *Asian Journal of Education and Social Studies*, 3(3), 1-10.

[24] Nidich, S., Seng, A., Compton, B., O'Connor, T., et al. (2017). Transcendental Meditation and Reduced Trauma Symptoms in Female Inmates: A Randomized Controlled Study. *Perm J*, 21, 16-008.

[25] Lyons, T., Womack, V., Cantrell, W. D., & Kenemore, T. (2019). Mindfulness Based Relapse Prevention in Jail Drug Treatment. *Subst Use Misuse*, 54(1), 57–64.

[26] Pratt, D., Tarrier, N., Dunn, G., Awenat, Y., et al. (2015). Cognitive Behavioural Suicide Prevention for Male Prisoners: A pilot randomised controlled trial. *Psychol Med*, 45(16), 3441–3451.

[27] Brousseau, C. E., Clarke, J. G., Dumont, D., Stein, L. A. R., et al. (2020). Computer-Assisted Motivational Interviewing for Contraceptive Use in Women Leaving Prison: A Randomized Controlled Trial. *Contraception*, 101(5), 327–332.

[28] Reznick, O. G., McCartney, K., Gregorich, S., Zack, B., et al. (2013). An Ecosystem-Based Intervention to Reduce HIV Transmission Risk and Increase Medication Adherence Among Prisoners Being Released to the Community. *J Correct Health Care*, 19(3), 178–193.

[29] Hediger, K., Marti, R., Urfer, V., Schenk, A., et al. (2022). Effects of a Dog-Assisted Social- and Emotional-Competence Training for Prisoners: A Controlled Study. *Int. J. Environ. Res. Public Health*, 19, 10553.

[30] Niriella, M. (2010). Effective prison based rehabilitation system: special reference to Sri Lanka. *US-China Law Review*, 7(3).

