Participant Quotes

Theme	Codes	Quotes
Managing Contextual and Interpersonal Challenges		
Restrictive environment	Strict schedule; power dynamics; lack of privacy; challenges with referrals/ diagnoses; impact of security issues; need for increased access to community (mobility & participation); balance goals v. environmental limitations	"I think the schedule and security needs is the biggest thing…sometimes we're not able to have clients out of their rooms because of staffing and safety. So that really limits the activities and like confidentiality that I can have. I can meet with someone at their door, but it's not always like the most productive and meaningful session" (Participant 3).
Systemic Barriers	Burnout; working alone; punitive/broken system; staff & client stereotypes	"Staff-wise, there are years of reputations and ingrained stereotypes about these clients that need to be changed. It's a struggle to shift the entire mindset that has been established for so long. I wouldn't necessarily call it a barrier, but it is definitely a challenge" (Participant 1). "It was very difficult to confront that daily and not be able to have a conversation that was more

		based on maybe, 'Let's look at how it's. How can we look at this in a more holistic manner or look at this person in a holistic manner?' It felt very much against the individual, and I think that really pushed me away from it" (Participant 2).
Lack of setting specific resources & knowledge about OT	Lack of knowledge; lack of research; lack of understanding; lack of resources (funding/tools); creating specific resources	"This, you know, is a huge area that we're missing research in, and our unique approach that can help people. I feel like we had a lot of evidence to support the generalized therapy that we were doing with these people, but the actual occupational therapy aspect of it, and understanding play, leisure, and sleep as occupations, is often missed" (Participant 1). "So we wanted a standardized assessment, but I don't think that they're necessarily the best measures for the setting. But I think it is valuable to have something standardized, or something that we can have an age norm comparison to, so we are still using them" (Participant 5).
Advocacy: self & OT role	Therapist knowledge & abilities; OT role in teams; advocate for	"... advocacy, I still advocate all the time, like a hundred percent of the time, in my role. It's such a cool thing to see them seeing the importance of OT, seeing what it does for individuals, and

	OT in setting; emerging practice	wanting everybody to have OT, kind of thing" (Participant 3).
Need to build soft skills and practical knowledge	Justice-based education; specific trainings; cultural humility; mentorship desired; cultural humility; trial & error; OT capacities (boundaries/self-care, passion for social justice, empathy, creativity, resilience, communication on sensitive topics)	"It's important to acknowledge that you won't have all the answers and may not fully understand everything right away. I had to learn the ins and outs of probation, parole, and the justice system process. There's a lot to learn and since this isn't an area that OT is typically in, unfortunately, we have a lot to learn going into the systems" (Participant 1). "But secondary trauma is really real and so if you're going to want to work with like this not even just with this population, but probably a lot of others. You need to take your mental health like very seriously… especially if you do have empathy, which you should if you're going to work with this population and care about advocacy" (Participant 3).
Inter-professional resources	Interprofessional theories; interprofessional material	"I don't think that there's anything specific kind of for this field OTs and re-entry. But if you are researching hard enough and know where to look, you can find things that could be applied and I could incorporate this. But if you just search like

		OT Reentry resources, you're not gonna find" (Participant 7).
Funding sources	Funding allows flexibility (goal setting, documentation, seeing clients)	"I have no formal assessment process or referral or anything. I don't bill insurance...I'm very lucky about that. I'm not paid through a grant, so I don't have to show those things" (Participant 6).

Interpersonal Professional Relationships		
Inter-professional communication	Use shared language, show to communicate, consider role of environment	"Most of those people have had some kind of background in something else. And they send us clients, but then there are some people that it takes me meeting them or explaining something to them or seeing it multiple times for them to be like, 'Oh, that's what this is.' So even though I'm very well versed in advocating for this, there are just still people that can't understand what the service really is..." (Participant 3).
Inter-professional collaboration	Balance of strength & skepticism; positive social interactions; collaboration; know	"They're able to see things in a way that us OTs might not look at things. And it balances us OTs as well. I think the psychologists, especially the ones who are trained to be skeptical, it's a little bit shocking for OTs here because we're always very

	OT scope; know when to refer	strengths-based, and we always want to give the client the benefit of the doubt, to acquire trust in the client. But at the same time, in our population, it's very hard because sometimes you can't always do that" (Participant 4).
Therapeutic relationship	Acknowledge privilege/positionality; reciprocal respect; allyship; build trust; nurture v. structure; deep listening	"We were mindful of even small details when it came to forming relationships. For instance, we made sure to sit on the same side of a bench as them, avoiding a position of authority or power. These little things, which the guards in jail or prison often do, were important to avoid, as we wanted to build trust and connection with the clients. And I really think that we can do a lot of deep work in skill building because you get to know them so well and like build that trust in the therapeutic report" (Participant 1).
Using play & leisure to facilitate relationship & engagement	Playful engagement; games & competitions; novel & joyful activities; play facilitates disclosure; creative activities facilitate expression	"Sometimes you've got to build that structure, but starting with playful engagement has been very helpful for me, mostly because it works" (Participant 6).

Educate staff	Educate on cognitive & regulation needs; show to educate; ingrained staff stereotypes affect clients	"I strongly believe that when working with justice-involved individuals as clients, it is just as important to work with the staff at the jails" (Participant 1).

Evidence-Based Care		
Recognize the impact of cognitive impairments and trauma on behavior	Compensatory strategies for cognition; cognitive rehabilitation; cognition in daily activities; undiagnosed cognitive impairments; cognitive state affects behavior; need to address trauma	"The importance of OT's perspective in cognition to me was the biggest wakeup call in general. The crucial question is how we can effectively work with cognition within tasks. That's where I think our expertise lies, and it's where I try to focus a significant part of my practice" (Participant 2).

Address regulation & sensory needs before cognitive tasks	Cognitively challenging assessments; Neurosequential model; psychodynamic; sensory processing; stages of change	"So, during my sessions, I spend a significant portion of time engaging in sensory-based activities to help them regulate. Once they're in a better state, we focus on teaching them a skill. Additionally, while not strictly an OT frame of reference or theory, we also draw on Bruce Perry's Neurosequential model (Perry & Dobson, 2013). We apply some of its principles to regulate our clients before they can access the cognitive aspects of learning and engage their prefrontal cortex" (Participant 5).
Utilize guided discovery problem solving	Co-op; motivational interviewing; problem solving; guided discovery; phases of change	"We see a lot of executive function deficits, no matter who the person is, just a lot. So, guided discovery (Overholser, 2018) especially is helpful for that because it's teaching them the problem-solving skills that they're going to need to overcome barriers when they're on their own" (Participant 3). "Habit and life skill building opportunities, practice & guidance. Like those are the biggest things that people need- how to do things and someone to help you and to guide you in the goal thing" (Participant 3).
Varied evaluation methods	Standard assessments; non-standard	"I think the questions on the OSA [Occupational Self-Assessment (Baron et al., 2006)] are good for targeting reasons for referral, but the OCAIRS [Occupational

	assessments; occupational profile; client history; self-report & observation; interview; observational; client narrative	Circumstances Assessment Interview and Rating Scale (Forsyth et al., 2005)] questions help me understand the client's perspective, values, and interests a lot better" (Participant 4). "I think observation is more reliable. It depends on the client's cognitive level and their motivation to engage with the treatment team" (Participant 4).
OT Practice Models & Inter-disciplinary Frames of Reference	MOHO; PEO; PEO-P Rehabilitative, cognitive rehabilitation; compensatory approach to cognition; transtheoretical stages of change model; applied behavioral; CBT/DBT; trauma-informed care; neuro-sequential	"Yeah, we primarily use the MOHO (Model of Human Occupation) and PEO (Person-Environment-Occupation) models (Kielhofner & Burke, 1980; Law et al., 2986). PEO can be a bit challenging because we can't modify the environment as much, but we do consider the role of the environment in our clients' functioning. It's important to take into account that they're in an environment where they're being re-traumatized or triggered. So, we definitely consider those factors. We try to incorporate a lot of occupation-based activities, taking inspiration from the MOHO model" (Participant 5).

	model; trust-based relational intervention; psychodynamic; harm reduction; biomechanical; developmental; sensory processing	
Client-Focused Care		
Advocacy for clients	Role is to support clients overall; advocate for clients; facilitate change; occupational justice; population-level research	"And pushing for more of those and advocating for clients to go on [community outings] earlier than others might feel comfortable with. Because the OTs in this setting are really like the eyes and ears" (Participant 4).
Client-led & client-centered	Client-led; client-centered; follow clients' needs; client narrative	"Yeah, I think we're also doing an occupational profile, right? So, just understanding their values, how they see themselves, what they want to work on, I think is really, really important. I think choice is really important, especially in a setting where they don't have a lot of choice at an age where developmentally, we know it's appropriate

		for them to have more choice and independence, and the opposite is happening. So, I definitely think we should first and foremost try to be client-centered and let the client lead" (Participant 5).
Promoting Choice	Facilitate choice; choice facilitates engagement; choice is important	"And so giving them opportunities to use the skills they already have and then build upon their skills. But I've done some research in the setting, and one of the main things that comes up that our clients have said is 'I learned that I can do things,' so them learning their own value and having someone on their team that they feel like they can trust and believes in them. So really just reinforcing their own human dignity and the power of their own choice, I think is what I see as my main role" (Participant 5)
Holistic approach	Holistic view of client; various need areas; self-report + observation is holistic	"I rely heavily on subjective and mostly subjective information, observation, and just seeing what do we need, what are our needs, where we are at, and communication. Once again, that connection piece is huge" (Participant 6).
Trauma-informed approach	Using trauma principles, trust-based relational intervention model, recognize impact	"But I feel like once they realized that we approach it with a trauma-informed care lens, which I feel like the other programs didn't always do, we had a lot more buy-in" (Participant 1).

	of trauma; trauma informed lens	
Activity analysis & grading activities	Breakdown task or goal items; meet them where they are; guide through stages of change; various need areas	"I think that our like ability to break down a task and look at like activity analysis to really meet a client where they're at is super important.. really thinking about why this behavior is happening instead of just blaming it on the client, which I think is what happens in the criminal justice system a lot, and identifying what opportunities they did not have to build the skill. I think it's just a different approach that's super validating and client-centered that, in a lot of other professions, it's just not built into" (Participant 5).
Future story	Clients' maintaining skills; independence in community; clients' future story	"Their occupations look really, really different. So OT's role is taking those occupations and those skills that are in those occupations and honing in on those skills, making them productive so they can be productive members of society. To help rehab, teach, educate, or rehabilitate individuals so that they can be successful members of society with healthy, safe, legal occupations" (Participant 6).
Flexible & adaptable	Adapt to client needs; different focuses for	"We would have formal conversations on a monthly basis, where we would revisit the goals we set a month ago and ask the client if they wanted to make any changes or

sessions; clients' needs can be unpredictable; follow client needs	discuss how they felt the progress was going. It was important to reevaluate the goals to ensure they were still applicable, especially when meeting with clients who were in prison or jail. Overall, the goals were based on the client's desires and what was relevant to them at that particular time" (Participant 1).