

## Euro Dementia Congress 2019: Offender-led religious movements: Resilience, identity transformation, and rehabilitation - Byron R. Johnson - Baylor University

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**Introduction:** Statement of the Problem: The rehabilitation of prisoners continues to be a challenge for practitioners, experts, and scholars. However, recent scholarship within the broad categories of resiliency, human flourishing, or positive criminology, provides new insights into the process of offender rehabilitation. Life experiences that lead to contentment, optimism, resiliency and thriving in the midst of difficult circumstances are additional markers of human flourishing. As a mounting body of evidence on human flourishing continues to develop, scholars are also examining the ways in which religion may be consequential for resiliency and human flourishing. Research like this is helpful because it shows that the influence of religion is far more complicated than one might assume. The influence of religion is far more complicated and consequential than attendance at religious services or the acknowledgment that many regularly pray. Indeed, a great deal of empirical evidence documents the ways in which religious involvement is linked to many different types of physical and mental health outcomes. A growing subset of this research demonstrates how religious involvement may help to decrease crime, as well as protect individuals residing in disadvantaged communities from engaging in illegal behavior. **Conclusion & Significance:** A developing literature indicates religion can help to foster sobriety, or even promote prosocial behavior among offenders. Moreover, recent research confirms the effectiveness of certain faith-based programs in reducing recidivism among former prisoners as well as the economic benefit to society of crime desistance.

Recovery administrations are required by individuals who have lost the capacity to work typically, regularly on account of a physical issue, a stroke, a contamination, a tumor, medical procedure, or a dynamic

issue, (for example, joint pain).

A pneumonic recovery program is frequently suitable for individuals who have incessant obstructive lung sickness. Individuals who become frail after delayed bed rest (for instance, in view of an extreme physical issue or after medical procedure) likewise need restoration. Exercise based recuperation, word related treatment, treatment of any torment and aggravation, and retraining to make up for explicit lost capacities are the common focal point of restoration. Treatment as a rule includes proceeded with meetings of one-on-one preparing for a long time.

The requirement for recovery crosses all age gatherings, despite the fact that the sort, level, and objectives of restoration regularly contrast by age. Individuals with interminable impedances, frequently more established individuals, have various objectives and require less concentrated recovery or a more drawn out time of restoration than do more youthful individuals with a transitory disability, (for example, that because of a crack or consume). For instance, the objective of a more seasoned individual who has extreme cardiovascular breakdown and has had a stroke may basically be to recover the capacity to do the same number of self-care exercises, for example, eating, dressing, washing, moving between a bed and a seat, utilizing the latrine, and controlling bladder and inside capacity—as could be expected under the circumstances. The objective of a more youthful individual who has had a crack is regularly to recapture all capacities as fast as could reasonably be expected. In any case, age alone isn't motivation to change objectives or the force of restoration, yet the nearness of different issue or constraints might be.

### **A few instances of recovery include:**

Activities to recapture the capacity to swallow or up-

per-appendage retraining to recover coordination, ability and development of an influenced appendage following a stroke.

Intercessions that improve wellbeing and freedom at home and lessen the danger of falls for a more established individual, for example, balance preparing or altering their home condition.

Early intercessions to address formative results of a kid with cerebral paralysis, for example, fitting an orthosis, or giving preparing in tangible mix and self-care, which thus can improve cooperation in training, play, and family and network exercises.

Intercessions that advance careful results after a hip break, including exercise solution, arrangement of a

mobile guide and training about hip developments to abstain from during the recuperation procedure.

Subjective conduct treatment and intercessions intending to expand practice for a person with despondency. Intercessions that help day by day exercises and network access for people with vision misfortune, for example, giving techniques to finish individual consideration errands and preparing in the utilization of a white stick.

There are an expansive scope of wellbeing experts who give recovery mediations, including physiotherapists, word related advisors, discourse and language specialists, orthotic and prosthetic professionals, and physical medication and restoration doctors.