Balancing Risk & Recovery: Therapeutic Recreation in Forensic Psychiatry

Presenters:

Jodie Alderson, BA, R/TRO

Karen McCartney, BRLS, CTRS, R/TRO

St. Joseph's Healthcare Hamilton

Agenda

- Introduction of presenters
- Introduction – population, forensics
- Diagnostics and population
- Legal-medical considerations
- Forensic psychiatry treatment framework and Therapeutic Recreation
- Case Study Review
- Question & Answer Period

St. Joseph's
Healthcare Hamilton

Purpose of presentation

- To expand knowledge of therapeutic recreation practitioners and students not currently working in this specialized field.
- To provide an introduction to providing therapeutic recreation services within a forensic psychiatry framework of mental health care.

Purpose of presentation

- To explain the intersection of mental health care and the law, and the impacts this has on planning and providing therapeutic recreation programs and interventions.

St. Joseph's Healthcare Hamilton

Learning Outcomes

By the end of this session, participants will be able to:

- 1) Define the double stigma inherent to forensic psychiatry patients (advocacy)
- 2) Explain at least 2 techniques that the recreation therapist utilizes to balance risk and recovery within the Forensic Psychiatry Program.

Learning outcomes

By the end of this session, participants will be able to:

- 3) List at least 3 considerations for providing care in a forensic psychiatry framework

St. Joseph's
Healthcare Hamilton

Disclaimer

- We have made an attempt to keep the information provided in the presentation generic. There may be differences between forensic hospital facilities.

St. Joseph's
Healthcare Hamilton

Introduction to Forensics

Forensics can be defined as: A specialized branch of psychiatry that involves the application of medical psychiatric expertise in legal contexts. It is a sub-specialty of psychiatry that focuses on the interface between psychiatry and the law (pg. 108 Chaimowitz & Mamak, 2015).

Navigating *the* Forensic *System*

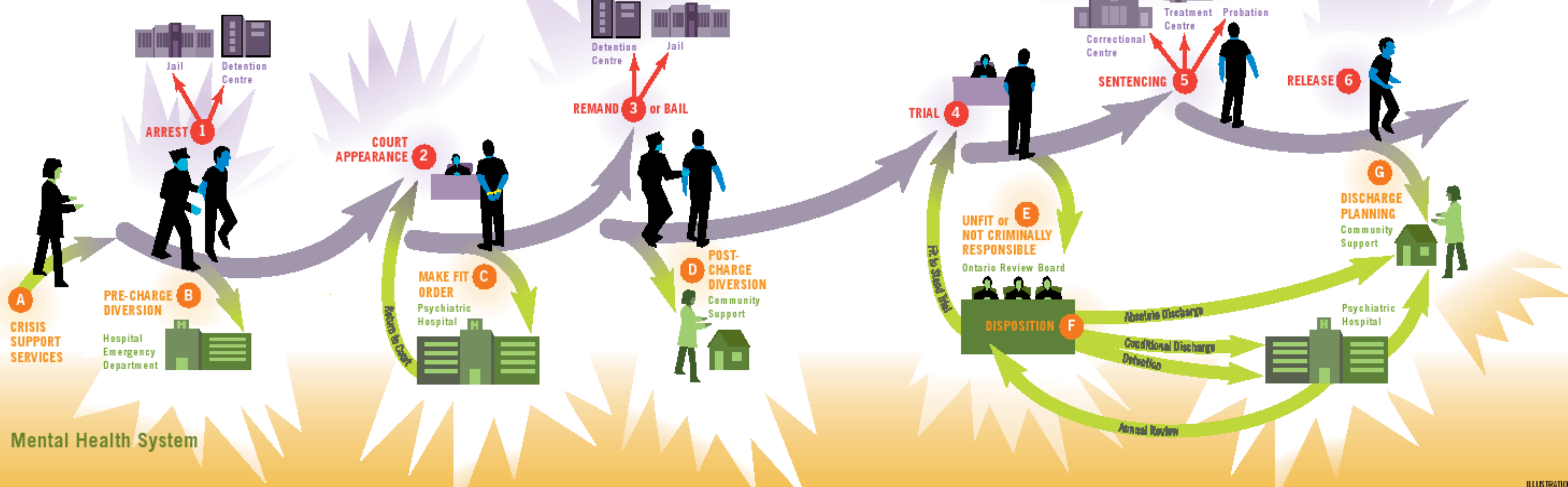

ILLUSTRATION BY ROSE ZGODZINSKI

The diagram above represents a simplified map of the various pathways through a complex system, illustrating the points of intersection between criminal justice and mental health care. It is important to remember that each person's case is very different, and some journeys through the system will not be reflected here. This map is meant only as a general overview.

Ontario's forensic mental health system is based on Part XX.1/Mental Disorder in the Criminal Code of Canada. Those provisions spell out a range of options for dealing with an accused person appearing before a court who has (or is thought to have) a mental disorder. The provincial forensic mental health system consists of a broad continuum of mental health services, ranging from secure in-patient settings to integrated mental health programs and community services and supports.

A When the police are called, the decision to arrest or charge someone is based on the seriousness of the offence as well as on public interest. Some police services have agreements with their local mental health crisis teams that allow the crisis team to be called in to assist.

B Under Ontario's *Mental Health Act*, the police have the power to take a person with a suspected mental illness who is deemed to be a risk to themselves or others to be seen by a doctor, usually at the local hospital emergency department. In some cases, the doctor will issue a Form 1: Application for Psychiatric Assessment, which allows the hospital to hold the person for up to 72 hours to complete a more extensive psychiatric assessment.

C At any time in the court process, either side can raise the issue of "fitness to stand trial." A person is unfit to stand trial if they have a mental illness that prevents them from understanding the nature or object of what happens in court, understanding the possible consequences of what happens in court, or communicating with and instructing their lawyer. The court will typically require a psychiatric or fitness assessment. If the person is found unfit, the judge may order them to receive treatment for up to 60 days in order to return them to a "fit" state. This is called a "make fit" order (or treatment order).

D After charges have been laid, Crown attorneys have the option not to prosecute and to divert the person into mental health treatment and support instead. This is referred to as post-charge diversion (or pre-trial diversion or court diversion). Diversion can take place at any stage of the proceedings. If the accused is eligible for diversion, a mental health court support worker will work with the person to develop a program that may include community support, supervision and/or treatment.

E If the person is found unfit to stand trial and remains unfit even after treatment, a formal finding of unfit to stand trial is made and the case is transferred to the Ontario Review Board (ORB). The accused may also be transferred to the ORB if they are found to be not criminally responsible (NCR), which means that at the time of the act they were incapable of knowing what they were doing and that it was wrong.

F The Ontario Review Board will make a decision, called a disposition, about whether to release the accused person or detain them in a psychiatric hospital based on whether they believe the person is a danger to the public. (See "Striking a Fine Balance," pp. 10-13.)

G When someone with a mental illness is released from hospital or a correctional institution, a discharge plan is created. Community mental health service providers will work with the person to help them follow the plan and reintegrate into the community. (See "Bridge over Troubled Water," pp. 25-27.)

Forensics at St. Joseph's Healthcare Hamilton

- 5 In-Patient Units including: 2 Secure, 2 General, and 1 Assessment unit
- Out-patient Department: Currently serving approximately 75 patients
- Patients must be over the age of 18 and there is no outer age limit
- Reside within the catchment area

St. Joseph's Healthcare Hamilton

Information about the Forensic Psychiatry Program

- Average Age range: 25-40
- Gender: predominantly male
- Common Diagnosis': Schizophrenia, Schizoaffective, Bi-Polar –often secondary diagnosis of personality disorders (Axis 2), and/or addictions
- Previous Mental Health Intervention: often many interfaces with acute mental health system

St. Joseph's Healthcare Hamilton

Forensic Units at St. Joseph's

Assessment Unit: Assessments are predominately in relation to criminal "fitness" to stand trial and issues of criminal responsibility.

Secure and General Units: Provision of treatment, care and rehabilitation for patients under the Ontario Review Board (ORB).

Forensic Units at St. Joseph's

Out-patient: The Outpatient Service provides clinical treatment and management of individuals who are under the jurisdiction of the Ontario Review Board with Disposition orders supporting residency in the community.

Unfit vs. NCR

Unfit to Stand Trial: Unfit to stand trial is defined in the Criminal Code. It means that the accused person is unable, because of a mental disorder, to defend against the charge(s) they are facing or to tell their lawyer what they want to do with their case.

St. Joseph's Healthcare Hamilton

Unfit vs. NCR

Not Criminally Responsible (NCR): Defined in section 16 of the Criminal Code and states that a person is not criminally responsible for something that he or she did if they were suffering from a mental disorder at the time, and:

•the mental disorder made it impossible for him/her to understand the nature and quality of what they did; **OR**

Unfit vs. NCR

- **Not Criminally Responsible (NCR): continued…**
- •the mental disorder made it impossible for them to understand that what they did was morally wrong (not just legally wrong).

Ontario Review Board

Annually reviews the status of every person found Not Criminally Responsible or Unfit to Stand Trial for criminal offences on account of a mental disorder.

Judgements balance risk to public safety with the environment of least restriction for that person.

Disposition Order

- Each of our patients has a disposition order.
- The Ontario Review Board (ORB) issues a disposition order following an annual hearing.
- The disposition order determines the limits to a patient's freedoms (also known as privileges).
- The disposition order outlines the level of supervision necessary, and the distance a patient can travel from the hospital.

St. Joseph's
Healthcare Hamilton

Orders of the Ontario Review Board

Detention Order: A person on a detention order is still under the authority of the Ontario Review Board (ORB). Some people on detention orders have the privilege of living in the community. The psychiatrist and multidisciplinary team have the right to allow or deny any privilege listed on the disposition.

St. Joseph's Healthcare Hamilton

Orders of the Ontario Review Board

Conditional Discharge: A person is still under the authority of the Ontario Review Board (ORB), but is allowed to live in the community. The person must, however, follow the conditions laid out in the disposition.

St. Joseph's Healthcare Hamilton

Orders of the Ontario Review Board

Absolute Discharge: A person is no longer subject to the authority of the Ontario Review Board (ORB). The person is free to live where he or she likes within the limits of the law.

Legal-medical Considerations

- All clinical staff must be conscious of and adherent to legal-medical considerations. This information is not specific to therapeutic recreation. However, it does impact our service delivery.

Legal-medical Considerations

- All clinical staff work outside of their scope of practice in regards to legal considerations of offering clinical care under the jurisdiction of the Ontario Review Board.
- Staff have a dual role – responsible to uphold the dispositions of the ORB and to facilitate rehabilitative interventions for the patient

Legal-medical Considerations

- We provide support to patients, as well as supervision (which includes monitoring their legal, medical and mental health statuses)
- Our client is the ORB
- Our patient is the person detained under the ORB

St. Joseph's Healthcare Hamilton

Clinical care and supervision (Non-TR specific job duties)

- Care desk (e.g., answer doors and phones, attend to patients' requests to have needs met – getting linens, accessing restricted items, accessing laundry room, etc.)
- Participate in room and/or unit searches
- Supervise visitations
- Supervise meals

St. Joseph's Healthcare Hamilton

Clinical care and supervision (Non-TR specific job duties)

- Sign patients on/off unit via itinerary completions and privilege checks
- Perform spot checks to determine if patients are adherent to itinerary locations
- Accompany patients to appointments (e.g., dental, medical, hair)
- Provide 1:1 supervision on unit as measure of behavioural intervention for acute patients

Privileges = Therapeutic Pass Level + Level of Supervision

- At SJHH we have Therapeutic Pass Levels for all inpatient units.
- The FPP has privilege levels as well.
- Forensic patients receive an amalgamation of therapeutic pass and privilege levels (which include levels of supervision).

St. Joseph's
Healthcare Hamilton

Privileges = Therapeutic Pass Level + Level of Supervision

- **<u>Therapeutic Pass Levels:</u>**
- **Level 1 – Unit** (courtyard, fitness room, group rooms)
- **Level 2 – Galleria** (in-patient side of hospital building: Colours café, Resource Room, Leisure Lounge, Wellness Room, Book Nook, Patient Advocate Office, Fitness Centre, Gym, etc.)

St. Joseph's Healthcare Hamilton

Privileges = Therapeutic Pass Level + Level of Supervision

- **<u>Therapeutic Pass Levels: continued</u>**
- **Level 3 – Hospital/Grounds** (out-patient side of hospital: clinics, chapel, Tim Hortons, outdoor space (e.g., walking trails, labyrinth, tennis court, baseball diamond, etc.))
- **Level 4 – Community** (city of Hamilton, and any other approved communities)

Privileges = Therapeutic Pass Level + Level of Supervision

Levels of Supervision:

- **Escorted** (1 staff to 1 patient)
- **Accompanied** (1 staff to 3 patients)
- **Unaccompanied/indirectly supervised** (no staff to 1 patient)
- **With approved person** (1 non-staff to 1 patient – often a close family member)

St. Joseph's Healthcare Hamilton

Privileges = Therapeutic Pass Level + Level of Supervision

Levels of Supervision:

- Each supervision level has unique freedoms.
- **Escorted** – the patient must be within close proximity of the staff at all times (constant close contact)
- **Accompanied** – the patient must be within proximity (i.e., eye sight and/or hearing) of the staff at all times (constant contact)

St. Joseph's Healthcare Hamilton

Privileges = Therapeutic Pass Level + Level of Supervision

- **Indirect/Unaccompanied** – the patient need not be within proximity of the staff at all times (intermittent contact)
- **With approved person** – the patient will receive accompaniment from a non-staff person who has been approved by the clinical team/administration (there is a thorough interview process with the social worker which includes a criminal record check)

St. Joseph's Healthcare Hamilton

Itineraries

- Prior to leaving the unit, patients must complete an itinerary, detailing where they will be. Staff review and sign itineraries.
- Itinerary information includes: Name, date, time of departure, time of expected return, Assigned Nurse, privilege(s), Description of Clothing, and Location(s) which may include room names, grounds areas, and addresses.

Spot Checks

- A spot check may be conducted on any patient at any time (randomly). The purpose is to check if the patient is located according to their itinerary. If not, it will be treated as an unauthorized leave of absence. This could result in loss of privileges and/or an escaped custody procedure being initiated.

St. Joseph's Healthcare Hamilton

Contraband

- Contraband refers to items or substances that interfere with the security and safety of the FPP; forbidden by law, hospital policy, or interfere in the treatment of patients.
- Contraband may differ between assessment, secure, and general units.
- Items may be **prohibited** or have **restricted** use on the unit

Contraband

- A **prohibited** item must never enter the unit (e.g., cigarettes, lighter). Some prohibited items are permitted to be kept off the unit in a patient's personal locker or shared storage room (e.g., cell phone, sporting equipment).

Contraband

- A **restricted** item may enter the unit, will be locked up by the staff, and may be signed out for use by the patient – use of that item may be supervised directly or indirectly (e.g., razor, aerosol hygiene products, etc.).

Searches & Wanding

- Upon entry to the unit, visitors and patients are searched and wanded.
- Searching includes taking items out of pockets and bags for staff to review if they are accepted, prohibited, or restricted.
- Wanding is the use of a handheld metal detector that is scanned over the person and may be used on shoes, bags, items, and articles of clothing.

St. Joseph's Healthcare Hamilton

Searches & Wanding

- Room and locker searches are conducted randomly.
- Unit searches are when the entire unit is searched. This includes all patients, all patient rooms and lockers, and all communal rooms. Patients must remain on the unit during these procedures. Their freedom of movement on the unit, during this procedure, is restricted.

St. Joseph's Healthcare Hamilton

Documentation

- Each clinical discipline documents in patient records (charts) according to their professional guidelines and hospital/program policies.
- Clinical staff also contribute to reports provided to the ORB. Therapeutic recreation staff typically contribute to annual ORB reports, one per patient per year. Reports are narrative style.

ORB Reports

- Our contribution includes information that summarizes their progress over the past year. Categories include assessment, services received/ program participation, incidents, recommendations/future recreation therapy involvement.
- Typically, our contribution is 1-3 pages. Reports are often 40+ pages, a collaboration of many clinical team members.

St. Joseph's Healthcare Hamilton

ORB Report:
Recreation Therapy Summary

Assessments:

- What kind; Summary of Results; Treatment Recommendations

Incidents:

- What, When, Results

St. Joseph's
Healthcare Hamilton

ORB Report: Recreation Therapy Summary

Services Received/ Program Participation:

- What, Where, When, How long
- Meaningful Participation; Progress
- Symptomatology during participation
- Behaviour and interactive style during participation

ORB Report:
Recreation Therapy Summary

Recommendations/ Future Recreation Therapy Involvement:

- Summarize risk factors
- Assess ability to participate appropriately
- Recommendation for future recreational activities
- Patient's goals
- Recommendation re: Disposition and Conditions

St. Joseph's
Healthcare Hamilton

Best Practices of Recreation Therapy within Forensic Psychiatry

St. Joseph's Healthcare Hamilton

Recreation Therapy involves…

Using the LeisureAbility Model, we play a key role in community reintegration:

- Functional Intervention
- Leisure Education
- Recreation Participation
- Each is addressed through 1:1 and group interventions

St. Joseph's Healthcare Hamilton

Functional Intervention

- Our functional interventions often take on the role of the recreation therapist as a coach or mediator in-situ.
- ***In situ*** definition: situated in the original, natural, or existing place or position.

St. Joseph's Healthcare Hamilton

Functional Intervention

- Some patients have a limited repertoire of leisure skills specific to activity. Some have not tried certain leisure activities ever in their life and for others it has been years since they have engaged in that specific activity. (e.g., bowling, volleyball, card playing, etc.).

Functional Intervention

We teach the mechanics of the activity, the rules, and provide opportunity to practice their skills to build mastery for ongoing participation that often expands to participation with others.

Functional Intervention

- Some patients experience difficulty with cognitive skills that support leisure engagement. We can support patients to develop skills for goal development, future planning, attentional focus and problem solving.

Functional Intervention

- Some patients could benefit from assistive devices to help them to overcome barriers. We can offer options of assistive devices, as well as the training in how to use them. Some examples are reading maps (trail maps, bus routes), learning to navigate on public transit, using internet websites and phone aps.

St. Joseph's Healthcare Hamilton

Functional Intervention

- Some patients struggle with emotion regulation. We can provide assistance with developing and using coping skills (e.g., mindfulness, reframing perspective taking, reality orientation, assertiveness skills, etc.).

Functional Intervention

- Some patients benefit from social skills training. We facilitate turn taking, boundary setting, respecting co-patients' needs, making appropriate requests of others, personal space, privacy, etc.
- We facilitate interpersonal interactions (e.g., initiating conversations or gameplay, reciprocal conversations or gameplay, ending conversations or gameplay).

Leisure Education & Counseling

- Our patients are often not originally from Hamilton and have been institutionalized for months or years.
- They benefit from information, familiarization, and practice with wayfinding, navigation, planning, future planning, commitment, orientation to new facilities/environments.

Leisure Education & Counseling

- Patients may have limited skills, knowledge, and leisure repertoires based on past history of illness, personality traits, poor influences, being institutionalized and/or marginalized with reduced access to healthy prosocial leisure pursuits.

St. Joseph's
Healthcare Hamilton

Leisure Education & Counseling

- Patients may have attitudes, beliefs, behaviours (including habits and routines) that impact their leisure lifestyle (e.g., smoking, drug use, poor sleep hygiene, poor hygiene, avolition, delusions, values, etc.).

Leisure Education & Counseling

- Patients benefit from receiving information, emotional support, and practice for recognizing their choices, making appropriate decisions, future planning, effective problem solving, and skillful integration into a healthy and satisfying leisure lifestyle.

St. Joseph's
Healthcare Hamilton

Leisure Education & Counseling

- Our patients have been institutionalized for months or years and are not familiar with options available to them. Some are used to routine and structure of the forensic program and are not comfortable with making broad decisions.

St. Joseph's
Healthcare Hamilton

Leisure Education & Counseling

- Due to the structure provided by staff facilitated programs and community outings, some patients need assistance to consider factors that impact planning to enter the community independently.

Leisure Education & Counseling

- Due to illness and personality traits, some patients can be impulsive, seek instant gratification, and think with a concrete perspective, which can cause them to experience difficulty with problem solving and future planning.

Leisure Education & Counseling

- Our patients are under the jurisdiction of the ORB, and their progress is reviewed by the team on an ongoing basis – they benefit from guidance regarding how to proceed with engagement in leisure that is lawful, prosocial, healthy, and meaningful.

St. Joseph's Healthcare Hamilton

Leisure Education & Counseling

- Our patients often have limited finances (e.g., ODSP), don't have email addresses, phone numbers, or fixed addresses (other than the hospital) and benefit from information and assistance in gaining access to leisure opportunities (e.g., subsidized rates and memberships to community recreation centres, YMCA, obtaining library card).

Recreation Participation

- Due to the restrictive nature of dispositions and privileges, patients rely on recreation therapy staff to provide access to “normal” leisure activity, that they might otherwise not have access to (some of our patients have leisure skills that they can benefit from maintaining)

Recreation Participation

- Forensic patients face double stigma (stigma for having a mental illness and stigma for being in custody); providing access to recreation reduces social barriers due to their involvement in "normal" leisure activity that others have access to; socialization with other populations, can assist others to appreciate their sameness and a sense of belonging can develop for the patient

Recreation Participation

- Provides an opportunity to the patient to interact informally with others in a normalized setting, where they can practice skills they have learned through formal therapy (1:1 and group therapy programs)

St. Joseph's
Healthcare Hamilton

Community Reintegration

- Recreation participation activities in the community, provide an opportunity for the team to assess a patient's ability to apply skills learned during therapy in a real world setting (testing out their readiness for increased privileges and/or discharge to community)

Community Reintegration

- Patients gain practice for community living through the development of positive social skills, meaningful relationships, and adherence to routine through regular participation in programs and community outings

St. Joseph's
Healthcare Hamilton

Community Reintegration

- Our patients are expected to be engaged in programs and to have regular interactions with staff when living in community; a marker for community readiness is often a stable routine that they are committed to following.

St. Joseph's
Healthcare Hamilton

Community Reintegration

- Many of our patients are not from Hamilton
- By participating in community outings, they informally learn about the city
- By participating in leisure education, they formally learn about the city's resources
- For both types of interventions, they practice going to places that they may want to go to on their own when they have indirect privileges and/or live in the community

St. Joseph's Healthcare Hamilton

Community Reintegration

- Our patients have been in custody (correctional facilities and hospital) for months or years. For some this means they have become "institutionalized."
- Participation in community based programs promotes confidence and independence in returning to activities they may have once participated in.

St. Joseph's Healthcare Hamilton

Community Reintegration

- Recreation can provide the opportunity to have choice, to make decisions, to face anxiety about social/community reintegration, to test out their growing independence with support provided, to feel like themselves, to feel accepted, and to experience positive emotion.

Providing Recreation Therapy: Case Study

Man with intellectual disability and seizure disorder. Inability to tell time, read, or write; poor number recognition; difficulty with wayfinding. Financially incapable. Treatment incapable. Poor coordination. Poor balance. Strength and walking endurance fluctuates. Uses a rollator walker or foot propels in a wheelchair. Difficulty with emotional regulation. Risk for verbal and physical aggression when agitated. Has many leisure goals. Has poor insight into his own abilities and related safety concerns.

St. Joseph's Healthcare Hamilton

Providing Recreation Therapy: Case Study

Patient Goals:

- **Community Outings** (e.g., fast food restaurants, spectate sporting events, shopping, parks, bowling, etc.)
- **Play sports** (e.g., karate, volleyball, hockey, soccer, basketball, football, etc.)
- **Unit and central recreation programs** (e.g., Leisure Lounge, bingo, etc.)

St. Joseph's Healthcare Hamilton

Providing Recreation Therapy: Case Study

- Patient Goals: continued
- **Use fitness centre to get stronger** (e.g., treadmill, stationary bike, weight machines, free weights)
- **Gain indirectly supervised privileges (L2, L3).**
- **Move out of hospital.**

St. Joseph's
Healthcare Hamilton

Case Study - Treatment Plan

<u>**Functional Intervention:**</u>

Teach sports skills (e.g., volleyball, basketball, pickleball, badminton, ice skating in collaboration with Occupational Therapist)

– monitor and cue for safety (e.g., dynamic standing balance vs. using wheelchair in stationary position, wearing helmet, impulse control).

Case Study - Treatment Plan

- Assess what sports can be modified for his safe and meaningful participation. For sports that can't be accommodated, provide opportunities to spectate.

Case Study - Treatment Plan

- **Provide 1:1 support for fitness activity** (e.g., plan fitness routine, perform set-up of machines, provide close constant supervision for safety, provide hands-on intervention for proper form and coordination, provide assisted range-of-motion to support muscular strength and even-paced movement).

St. Joseph's
Healthcare Hamilton

Case Study - Treatment Plan

To meet his goals of group program participation, community outings, gaining indirectly supervised privileges, and moving out of hospital, we helped him to improve his social skills and coping skills through behaviour management interventions. Our goal was to integrate him without the use of chemical restraint.

Case Study
Behaviour Strategies

- Offer him the choice of activity.
- Prepare him by telling him what the activity is and what he can expect.
- Remind him of behaviours expected of him; have him repeat same or have him agree. Inform him of consequence. (e.g., “You need to listen to me when we are out. If not we will return to the unit.” He will say, “Alright. Alright.”)

St. Joseph's Healthcare Hamilton

Case Study
Behaviour Strategies

- Offer rewards. (e.g., “If you behave yourself, we will buy a pop after the program.”)
- Offer choice, where possible.

St. Joseph’s Healthcare Hamilton

His statement/behaviour	Interpretation	Our response
"People telling other people what to do."	Select co-patients' may have targeted/bullied patient.	**Supportive listening** "Was someone bothering you?"
"It's loud."	Sensitive to noise of unit milieu.	**Review coping skills.** "What can you do?" He can list: -tell staff -go to my room, close the door -put on ear muffs (noise cancelling headphones) -put on head phones (listen to music)
"Let's beat the pants off them."	Competitive game play	**Ignore. If escalates, redirect.** "This is our team. Let's say nice things to them." Then offer suggestions (e.g., You can do it, good effort)
"Girls have teddy bears." "Girls need to shave their legs." "You're gonna need a spanking." "Girls need to wear their swim suit."	Sexually aroused by interaction.	**Redirection** Make eye contact. Use stern voice. Remind him of activity. "We are at volleyball. We can talk about volleyball."
Somatic complaints. Showing arm trembling. "It's coming." "It's going to happen." "I can feel it." "My arm is shaking."	Agitation	**Validation & redirection.** "I know that bothers you. Let's do x. It will help to take your mind off it." Engage him in an activity. His somatic complaints decrease or stop during the activity. Effects last beyond activity, at times.

St. Joseph's Healthcare Hamilton

Case Study - Leisure Education & Counseling

- Provide opportunity for leisure counseling through supportive listening and reality orientation for his reported goals.
- Teach him wayfinding within the hospital for the purpose of self-navigation (necessary for gaining indirectly supervised privileges).

Case Study - Leisure Education & Counseling

- Contact his SDM regarding opportunities (including related benefits and risks) to obtain consent (e.g., playing sports from standing position, using fitness centre under direct 1:1 supervision). Inform patient of potential risks.

Case Study
Program Participation

- Help him to structure his day and/or week regarding program participation.
- Support his program participation through direct and indirect supervision.
- Modify his participation (e.g., for weekly volleyball, gameplay is modified to his benefit to support his inclusion)

Case Study
Program Participation

- Liaise with program facilitators to monitor his behaviour and provide support for returning to unit on time, when using indirect privileges.

St. Joseph's
Healthcare Hamilton

Case Study
Community Reintegration

- Provide opportunities to enter the community for leisure engagement through 1:1 and group programs.
- Liaise with co-staff (e.g., peer support, occupational therapy) to provide regular opportunities with necessary support

St. Joseph's Healthcare Hamilton

Focus of Interventions

- Our interventions can be focused on helping patients with Quality of Life and/or Goal Attainment.

Interventions can focus on quality of life when:

- Patients are not currently eligible for community living due to their unstable mental status and risk to the public.

Quality of Life

- Patients are not currently working towards goals (either self-chosen, collaborative or prescribed).
- Patients are palliative and/or medically unstable.

Goal Attainment

Interventions can focus on goal attainment when:

- Patients are eligible for community living, and likely to reintegrate into community due to their progress in hospital.
- Patients are currently working towards goals (either self-chosen, collaborative or prescribed).

Therapeutic Benefits

- In a forensic environment, there are primary and secondary benefits to therapeutic recreation interventions.
- Primary benefits are derived from the leisure activity itself (e.g., having interest in an activity and enjoying engaging in it; feeling confident in one's abilities, etc.).

St. Joseph's
Healthcare Hamilton

Therapeutic Benefits

- Secondary benefits are derived from the privileges patients' gain from participation (e.g., demonstrating to the clinical team that they can follow through on a commitment, follow rules, accept directions and limits, behave prosocially, etc.).
- Patients are encouraged to participate in 1:1 interventions and group programs for both reasons.

Programs according to Therapeutic Health Domains

PHYSICAL

- Bowling
- Sports (weekly program, tournament, demonstrations)
- Fitness Room (supervised and independent access)
- Yoga
- Walk indoors/outdoors

Programs according to Therapeutic Health Domains

SOCIAL

- Leisure Lounge (recreation room with pool tables, ping pong tables, air hockey tables, tvs, computers, board games, cards, couches, tables, etc.)
- General social programs (e.g., board games, cards, trivia, karaoke)
- Special events (e.g., birthday party, holiday party, dances)

Programs according to Therapeutic Health Domains

EMOTIONAL

- Growing Gratitude
- Music appreciation
- Creative Expressions
- Discussion groups
- Laughter Yoga
- Mindfulness
- Pet visits

St. Joseph's Healthcare Hamilton

Programs according to Therapeutic Health Domains

COGNITIVE

- Movie night
- Trivia
- Bingo
- Board games/cards
- Current events/Current affairs

St. Joseph's Healthcare Hamilton

Programs according to Therapeutic Health Domains

SPIRITUAL

- Chaplaincy referral
- Mindfulness
- Hikes
- Chapel
- Spiritual care programs (discussion groups)

Programs according to Therapeutic Health Domains

COMMUNITY OUTINGS

- Shopping
- Museums and art galleries
- Community partner facilities (e.g., Cottage Studio of HPS)
- Sporting events
- YMCA, recreation centres

St. Joseph's Healthcare Hamilton

Programs according to Therapeutic Health Domains

INTERPROFESSIONAL PROGRAMS (NON-TR SPECIFIC)

- DBT – Dialectical Behaviour Therapy
- Coping Skills
- GMT – Goal management training
- Cooking programs
- Nutrition education
- Community meeting

Case Study Review

33 year old man who has schizophrenia and abused substances in the past

Found Not Criminally Responsible on October 7, 2009

Index Offence: Forcible Entry

Current Disposition: Detention order with community living

St. Joseph's
Healthcare Hamilton

Want to learn more?

- Documentary films by John Kastner
- Risk & Recovery Forensic Conference 2017
- Radical Collaborations: Forensic Psychiatry Research Day 2016
- McMaster Muskoka Seminars 2016
- Courses offered at Mohawk College

St. Joseph's Healthcare Hamilton

Documentary Films by John Kastner

- NCR: Not Criminally Responsible
- Out of Mind, Out of Sight
- Available at National Film Board of Canada, for rental or purchase
- http://www2.nfb.ca

Hosted by St. Joe's Forensic Psychiatry Program

- Risk & Recovery Forensic Conference, Hamilton, April 2017
- www.riskandrecoveryconference.com
- Radical Collaborations: Forensic Psychiatry Research Day, St. Joseph's Healthcare Hamilton, Fall/Winter 2016
- For information & registration, contact Josie Cosco jcosco@stjoes.ca

St. Joseph's
Healthcare Hamilton

McMaster Muskoka Seminars 2016

The McMaster Muskoka Seminars are designed to provide clinicians (psychiatrists, family doctors, GP-Psychotherapists, mental health professionals) with an outstanding opportunity to combine stimulating symposia with a relaxing summer vacation. This series of seminars is hosted by the Faculty of Health Sciences, Department of Psychiatry and Behavioural Neurosciences, McMaster University, in conjunction with St. Joseph's Healthcare Hamilton and with the assistance and involvement of the OMA Section on Primary Care Mental Health.

The 2016 seminars will be held at the beautiful ***Deerhurst Resort*** in Huntsville, Ontario
Our five-day seminars run from 9:00 am – 12:15 pm daily; Courses are offered in July and August
We reserve the right to cancel courses.

Dates	**Courses Available**	***Faculty***
July 18-22	Introduction to Concurrent Disorders	Dr. Jennifer Brasch & Dr. Beth Reade
July 18-22	Hypnotherapy for the Control of Chronic Pain	Dr. Jeff Ennis & Ms. Gilda Ennis
July 25-29	Psychiatry for Family Physicians **	Dr. Jon Davine
July 25-29	Interactive Program in the Psychotherapeutic Relationship **	Dr. Michael Paré
Aug 1-5	Psychosocial (Psychiatric) Rehabilitation: An Introduction	Dr. Abraham Rudnick
Aug 1-5	Fetal Alcohol Spectrum Disorder	Dr. Kaitlyn McLachlan
Aug 8-12	Management - Simple & Complex Post Traumatic Stress Disorder**	Dr. Harry Zeit & Dr. Amy Alexander
Aug 8-12	Practical Introduction to General Practice Psychotherapy **	Dr. Michael Paré
Aug 15-19	Forensic Psychiatry Institute	Various Faculty for Distinct Modules

***** This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for 15 Mainpro-C Credits.***

Dr. Gary Chaimowitz, MB, ChB, FRCPC
Course Director

Michael Paré, MSc, MEd, MD
Associate Course Director

Program Inquiries
Jyoti Tel. 905-522-1155, ext. 39089
Ada or Anna Tel. 416-229-2399, ext. 125

To register and make secure payment online, visit: http://psychiatry.mcmaster.ca/news-events/events/event/2016/07/18/default-calendar/20th-annual-mcmaster-muskoka-seminars-2016

Courses Offered at Mohawk College

- **Introduction to Mental Health and the Law, Forensic Studies - HSCI10165**
- Learn the role of the Criminal Code of Canada and how it impacts client outcomes, liberties and dispositions. Explore services available to care for those with Mental Illness and resulting implication in the system of forensic mental health.

St. Joseph's Healthcare Hamilton

Courses Offered at Mohawk College

- **Implementation of Mental Health Studies, the Law and Forensics - HSCI10168**
- Learn the legal repercussions faced by clients and service providers as it applied to individuals with mental illness, and legal offenses in the system of mental health services. Explore how the clinical and legal responsibilities impact on engaging and intervening with clients.

St. Joseph's Healthcare Hamilton

References

- Companion Guide to the Aggressive Incidents Scale (AIS) and the Hamilton Anatomy of Risk Management (HARM)
- SJHH FPP Patient Handbook
- SJHH orientation package, 2014
- Leisure Ability Model, Stumbo, Gunn & Peterson

St. Joseph's Healthcare Hamilton