

# Recovery Happens: Being Through Doing in the Forensic System

Schizophrenia Society of  
Canada Conference 2013  
Being- Belonging- Becoming  
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# Goals for today...understand

- the impact of one client on the development of a forensic occupational therapy practice
- the benefits of inclusion of occupational therapy on the inpatient forensic multidisciplinary team & with community partners
- the challenges in guiding practice towards recovery oriented services within a secure setting
- the barriers facing mental health consumers who have justice issues and the supports needed to make positive lifestyle choices.
- that forensic patients are people who are trying to **Be... Belong...Become**

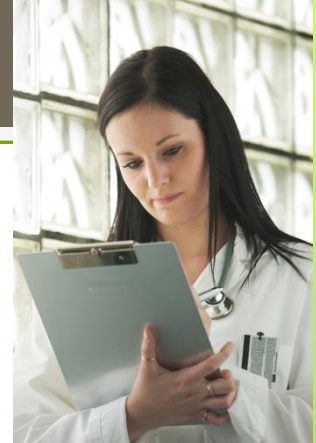
# Courage

Courage, it would seem, is nothing less than the power to overcome danger, misfortune, fear, injustice, while continuing to affirm inwardly that life with all its sorrows is good; that everything is meaningful even if in a sense beyond our understanding; and that there is always tomorrow.

*(D. Thompson)*



# What is forensics in mental health context?



- Forensics is a general term meaning related to legal issues
- In mental health programs forensics refers to people with mental illness and justice issues
- Services may include:
  - Assessment of psychiatric issues
  - Assessment of legal issues- court ordered assessments
  - Treatment, under mental health act for involuntary treatment must be in a designated hospital (not prison)
  - Support & interventions for those found Not Criminally Responsible or Unfit
  - Rehabilitation & return to community
  - Risk assessment and management

# What does Health Sciences Centre Forensic Unit include

- 15 bed Unit
- Locked
- Contains all patient care spaces
  - Activity room
  - Dining room
  - TV Rooms
  - Group/interview rooms
  - Shared & single bedrooms
  - Shared bathrooms
  - Seclusion rooms
- Secure courtyard



# PX-3... what it looks like





Places to do...



# What is most favored group?





# Activities...



# Who comes to Unit



- Adult, all ages
- Males with ~10-15 % females but this is increasing
- Schizophrenia most common diagnosis (~85%), Bipolar Disorder with psychosis, Depression with psychosis, Psychosis NOS, PTSD
- Co-occurring Issues
  - Substance abuse
  - Cognitive issues- brain injury, FASD, intellectual disability, dementia
  - Personality Disorders- Antisocial, Borderline, narcissistic,
  - Complicated family/lives
- Racial/Cultural imbalance noted, more aboriginal & non-white people
- Criminal issues, current or history
- Once forensic always forensic... stigma in system

# Common issues

- Legal charges
- Low socio-economic supports
- Few natural supports
- Homelessness, or inability to keep housing
- Difficulty functioning in community
- Multiple issues
- Illness level



# Team on Forensics...

- Psychiatrist
- Psychologist
- Nurses
- Program Manager
- Social Worker
- Occupational Therapist
- Mental Health Rehabilitation Worker
- Unit Assistants
- Spiritual Care
- House Keeping
- Outpatient Clinic-  
Administrative Assistants
- WRHA- Community  
Forensic Mental Health  
Specialists
- Community partner-  
Manitoba Schizophrenia  
Society- Peer Support  
Worker
- Volunteer Services-  
volunteers
- Students- doctors,  
nursing, OT, SW

# Hope

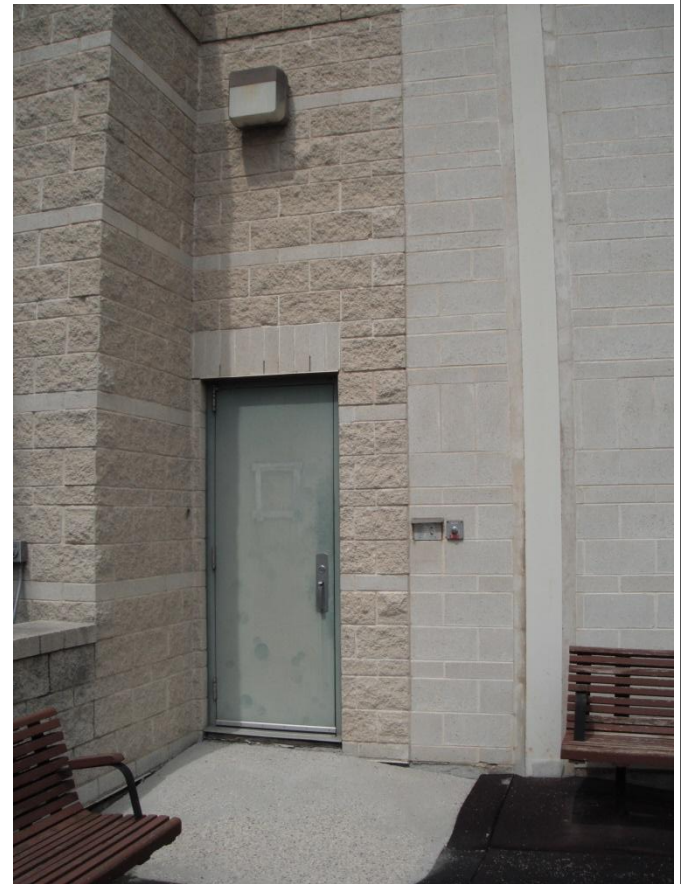


- Building block of recovery
- How to foster hope...
  - “Realizing hope requires that we move from thinking and observing to acting.”
  - Holding the hope for someone until they can take ownership
  - “open ourselves to learning something from the experience and how to get on with our lives, turning our despair into new goals congruent with a new reality”
- “The Grand essentials of happiness are: something to do, something to love, and something to hope for.” A.

*Chalmers*



Enter onto PX-3...



# Case Study: Sam

- 32 year old man with:
  - paranoid schizophrenia
  - polysubstance abuse
  - ?FASD, intellectual disability
  - antisocial personality disorder
  - Had been adopted, long time since any direct contact with adopted family
  - OCD like repetitive behaviors
- Incarcerated number of years, solitary related to aggressive & unpredictable behaviors
- In system since age 12 y/o
- In his adult lifetime had spent ~ 6months in community



# Sam's course in hospital

- Seclusion related to psychosis not responding to treatment, aggressive behaviors, unpredictability
- Some symptoms- positive symptoms+++++

  - Paranoid- felt people trying to poison him & his food
  - Hallucinations, voices & visual
  - Psychomotor agitation- pacing, punching own hands
  - Staring at others
  - Blanking out in mid sentence, memory

- Medications... start working, now what?
- Rehabilitation... where will he go?
- Role of occupational therapist... starting a new era on PX-3

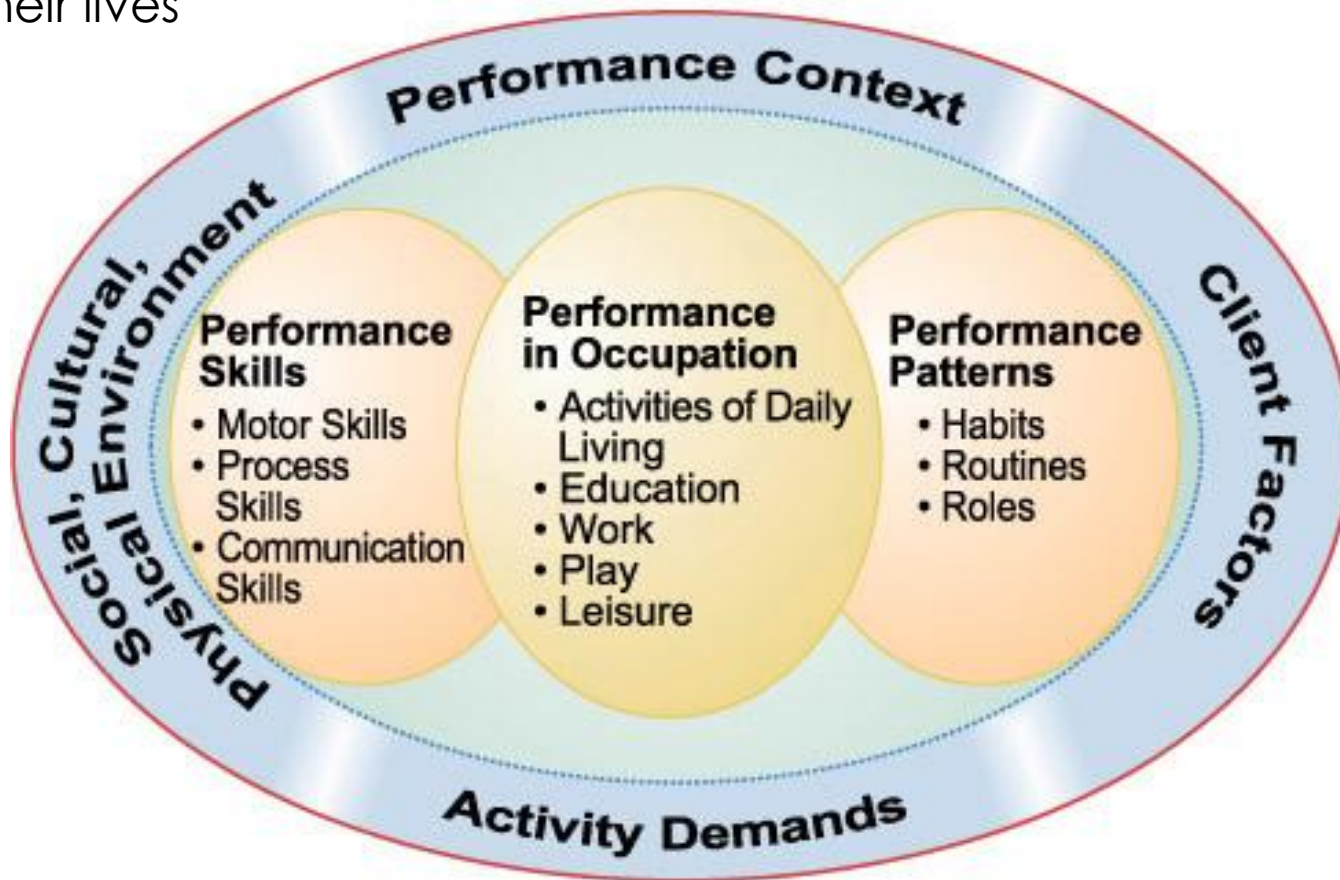


Example not him

# What is occupational therapy

Skills for the job of living...

enabling people to do what they want & need to do in their lives





# Sam...what did he need to do

- Communicate
- Get along with others
- Manage daily routine
- Follow treatment plans, probation order, house rules
- Find things he liked & wanted to do
- Build relationships
- Manage money & cigarettes
- Manage symptoms!



# Sam's Strengths

- Sam developed trust in his treatment team over time and in fact interceded with another co-patient for staff safety on several occasions- Relationships!
- Sam had a willingness to work with the OT to develop skills & plan for his discharge
- Sam wanted to follow the “rules” (probation order) and not get into trouble
- Sam could read
- Sam could remember things with minimal verbal cueing as a support & able to write
- Sam had interests including music (hard rock), exercising & muscle building, cars, and once symptoms under control liked being around people and sought out relationships with staff



# “Sam’s” challenges

- Symptoms of schizophrenia
- Cognitive issues
- Estranged from his family (related to his paranoid symptoms)
- Physically intimidating presentation of self
- History of violence & aggression
- History of time in justice segregation & hospital seclusion related to behaviors
- Declined from all institutional placements



# What does Sam need to recover?

- A chance to be around other people
- His likes and dislikes to be understood
- A place of safety to gain and practice new life skills
- People around him who understood his psychomotor agitation, his repetitive sayings, his dislike of phones, his inability to tolerate sensory overload in the environment, and knew how to cue him to expected behaviors
- Something to do in his day that mattered to him



# Sam...what did we do

- 1:1- walks, how important it was to be outside, trust another person & someone trust you enough to walk along side
- Groups- we need to communicate to others, build interests, build relationships
- Cook- normalize eating, choice making opportunity, skill of making own food, manage beliefs
- Assess- what were strengths, what were challenges, what were specific cognitive issues, how was Sam enabled
- Transition- support getting used to new place, new people, new expectations
- Community- where could he go to be accepted, to learn about himself & schizophrenia- MSS peer support group
- Exercise- developing an interest he already had
- Outings- getting used to Winnipeg & other people



# Recovery oriented therapeutic activities we developed

- Groups
  - Current Events, Social, Meal Preparation
- Individualized care plan
  - Documented PSR Goals for all staff to understand the activities as connected to recovery
- Choice
  - Where ever possible- meal, outing, transition activity timing
- Connection to community supports-
  - Joint meetings with his probation officer to help him understand expectations
  - Attending Manitoba Schizophrenia Society peer group with proctor
  - WRHA proctor for outings



# Groups

- Goals
  - Time spent up & out of room
  - Time spent in reality based interactions
  - Time spent exploring interests & building skills
  - Time spent building relationships
- Types
  - Current Events
  - Social
  - Meal Prep (Cooking)
- Wellness- Life skills topics but focus on risks often primary:
  - Assertiveness vs Aggression/ Anger Management
  - Communication Skills
  - Managing Wellness- Wellness Recovery Action Plan
  - Living with Others
  - Relationship Building
  - Goals
  - Stress/ anxiety- coping skills
  - Leisure awareness
  - Healthy living skills
  - Managing Addictions

# 1:1 Recovery work

- Setting goals- using tools such as the Stepping Stone worksheet
- Psychoeducation about mental illness & legal issues
- Problem solving
- Development of interests, plans & connections to do
- Support to people providing care & support- understanding behaviors
- Consulting & assessing the environment for sensory issues
- Person specific information & schedules



# Stepping Stone Tool

- Planning tool
- Understanding tool
- What is ultimate goal of person
- Working backwards- how we will get there
- For Sam- Community Living, then each step in how we would get there & who would help him





# Partnerships



- Where would he go... Dorchester House, partnership WRHA Community Mental Health Program & United Church Halfway Homes
- Manitoba Corrections- Special Needs program, probation officer that understood
- Manitoba Schizophrenia Society- peer support group, allowing proctor to support



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# Living in a halfway house

- 10 guys
- Staff
- Rules
- Expectations
- Community treatment
- Living with symptoms
- Ongoing support- to Sam & care givers as needed to support continued recovery





# Sam's collage... What I want in Life





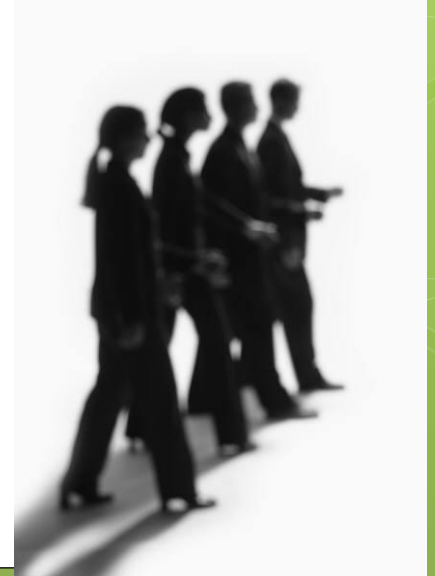
# Sam through the years...

- Lived in group home program with specialized supports & case management for ~3 years
- Meeting for placement planning- he attended!
- Transitioned to a 1:1 foster placement through New Directions, now special contract same care provider ("foster brothers") for ~ 6 ½ years
  - Part of a family now, an 'uncle'
  - Found "inner peace", "I'm part of a family now" (2011)
  - Worked on recovery skills- managing his voices, relaxations
  - Leisure skills for managing day- interests Exercise, TV, read
  - Social skills-Table manners, hygiene, staring in public
  - Supports to new respite workers- understand behaviors
  - Cognitive & environmental supports- Zippers/coats
  - Learned computer/solitaire
  - Learned & enjoyed wii



# Supports...

- WRHA-Community Mental Health program- support for specialized placement & a CFMHS with proctor
- New Directions- development of foster placement & respite services
- Care provider- invested time, energy, and support
- City of Winnipeg- fitness passes
- Community Living Disability Services



# Forensic program changing focus towards recovery oriented services

- Sam's gone...what's next?
- Developing a recovery focus
- Learning about Psychosocial Rehabilitation (PSR)
- Supporting team to develop interest & skills
  - Involve whole team
  - Use of Mental Health Rehabilitation Worker (peer) as legs of intervention plans
- Developing formal practises & opening dialogue for team with written materials
- Visioning & Skills building days
- Ongoing practises

## But We Do This Every Day...

### Helping People with Challenges in Completing Daily Routines

#### BASIC IDEAS

Some activities that support people with memory and learning issues include:

1. People are motivated to work on goals that they are involved in setting.
2. When we find information interesting and meaningful, we will pay more attention to it, and therefore remember it better.
3. Learning that is embedded in an activity is often remembered well because it tends to be meaningful and to have more natural cues.
4. The more information relates to information we already know, the better we will learn it and remember it.
5. The more active we are in using information, the better we will remember it.
6. Collaboration with others is a good way to use information actively.
7. Repeating information helps us to remember it better.
8. The more organized information is when we take it in, the better we will learn it and remember it.
9. We learn better when information is taken in through more than one of our senses (e.g. vision, hearing, touch, smell).
10. Everyday people such as family members, staff, or proctors help a person learn in specific situations.
11. Using everyday activities and completing projects towards short term goals lets us use all of the above ideas to help learning happen.
12. Once a routine is learned, support may be gradually reduced and possibly withdrawn to allow the person be as independent as possible.
13. A few people may always need some level of cueing to start or complete routine activities.

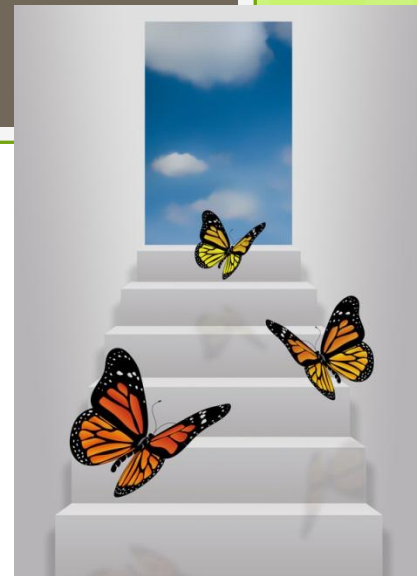
#### USING ACTIVITIES TO ENHANCE EXECUTIVE FUNCTION OF THE BRAIN

1. choose a routine
2. identify motivators
3. break the routine down into steps
4. ensure the person can understand and do each step independently or note which parts of the activity require specific cues.
5. modify steps as required to meet that person's abilities
6. plan the activity
7. do the activity
8. reflect with the person on how the activity has gone and what might be changed
9. gradually reduce the support as appropriate



# Recovery is...

“Recovery, in this sense, involves a process of growth and transformation as the person moves beyond the acute distress often associated with a mental health problem or illness and develops new-found strengths and new ways of being.”



# Recovery to Wellness

- Recovery Movement a shift towards full participation by people living with mental illness and their natural supports in treatment plans
- Views recovery as a personal & unique process of gaining physical, spiritual, mental & emotional balance after one encounters illness, crisis, and or trauma
- Recovery as a process of healing and restoring health and wellness during episodes of illness and life stress

Swarbrick, M. 2010





# Change & Treatment Programs

“There is also growing evidence that a recovery orientation can drive efforts to reform the organization and delivery of mental health services and supports, and that such a transformation can lead to improved health and social outcomes for people with mental health problems and illnesses.”

**Recovery...** as a process in which people are able to live, work, learn & participate fully in their communities

**10 components:**

Hope

Responsibility

Non-linear

Holistic

Strengths Based

Peer Support

Individualized & personalized

Respect

Empowerment

Self Direction



# Challenges of Forensics



- Secure Unit- in legal custody no passes or off-unit activity
- Power – how to level it where ever possible
- Safety- which tools can we use
- Stigma & self-stigma
- Reality of what the person has done
- Information age...Internet...Infamous
- Legal issue...what Bill C54 could mean
- Increasing numbers in system
- Increasing aggression in women, youth
- Increasing identification of mental health & cognitive issues by system
- Increasing expectation of risk management

# Challenges

- Caring ...vicarious trauma
- Support... questioning by others “how can you...”
- Control/Power issues, gradient between staff patients & families and also from legal system
- Allowing risk to learn & grow a new life versus “how can you allow walks, knives, interactions with others?”

# Finding meaning with occupation

- Occupational experiences available & using them to develop routines and healthy patterns in life
- Challenge of offering choice & control, addressing individual's needs, interests, & abilities within set group programs or system specified restrictions (legal restrictions)
- Unique personal resources of individual & meaning/relevance of particular occupation to the person
- Creating challenges as coping- risk taking in a safe environment- learning to live differently



# Case study: Tim

- 19 y/o male living with schizophrenia
- Suicide attempts, suicidal ideation
- Substance use
- Cognitive issues (?FASD)
- Artistic
- Involved in treatment and own goal to get better
- Foster style placement with support for his art work,
- Connection to his birth family maintained
- Support to develop life skills



# What Tim says helped...

- “the ward...staff, people to talk to...Dr.L helped a lot like with my medications and diet”
- “I liked cooking group it helped me get better at it”
- “Drawing helped me... I liked getting to go to graffiti gallery”
- Walks
- “helping out with things around the ward”
- “forensic ward scary at first, once you get to know the people (staff) it’s pretty nice”
- Outcome- still in community with foster placement & has art show planned for near future



Forensic program moves on...



# Forensic unit's development of Psychosocial Rehabilitation Practices

- 2010: A recovery oriented focus was formally adopted & a visioning day held, family booklet developed
- PSR committee consisting of multidisciplinary team members developed tools & shared ideas with team
- 2011: Strategic plan developed identifying PSR values & ideas
- PSR Care Plans for patients utilized
- Focus on Recovery day held allowing staff to hear live experiences of recovery, explore recovery topics, and train in health behavior change techniques to support patients' journeys
- 2012: Continue with care plans & develop list of tools we use and encourage use of occupations available as part of recovery. Update of Family booklet completed
- 2013: goal further develop opportunities for choice, occupation & family supports

# Use of a strategic plan to develop PSR practices



# PX-3 believes....

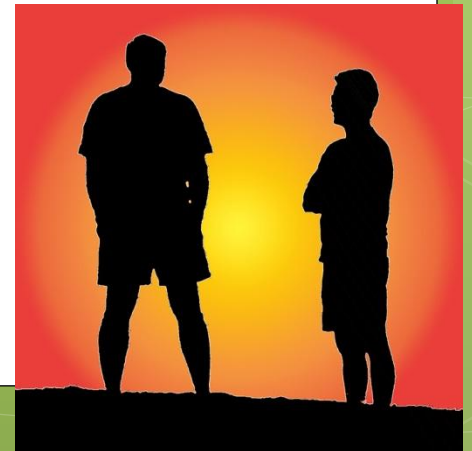


- **Mission** - To provide recovery based psychiatric services within the context of the Manitoba Forensic System through a team approach.
- **Vision** - All individuals admitted to the Forensic Inpatient Unit (PX3), at Health Sciences Centre will have the opportunity to learn and practice new skills in a supportive environment. This will increase their potential for recovery, to achieve a life that is meaningful and fulfilling to them, with reconnection to significant others and community. This will be evidenced by an increase in patient satisfaction/success, and reduced recidivism to mental health or correctional facilities.



# Forensic Unit Values...

- **Values** - Individual centred and holistic , Choice , Working alongside, Listening, learning and adapting, Valuing and involving , Quality , Future positive
- Future positive- *We believe that everyone has the potential to achieve personal fulfillment and an improved quality of life. Mental distress can be heartbreaking and life altering, which makes it so important to appreciate and enjoy those things that bring happiness. We celebrate courage and achievement. We expect life to get better.*





## Inventory of PX3 Activities: *Doing with not for people*

### **Financial:**

Help develop and keep to budget (i.e., save money for clothes, I.D.) to meet goals

### **Hygiene:**

Show and help patient keep room clean (i.e. what to throw out garbage, clean desk area)

### **Fitness:**

Show and help patient in activity room (i.e., how to use tread mill, weight machine, etc.)

### **Teaching:**

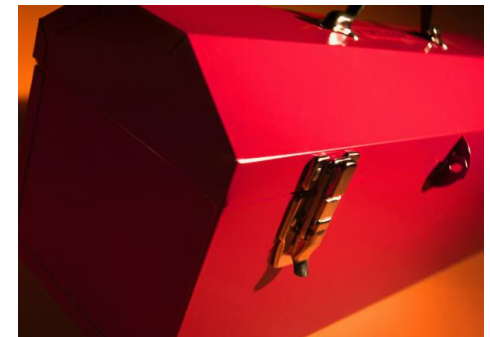
Teach patient about medication (i.e., provide literature from pharmacy)  
Teach them about their illness

### **Culture/Religion:**

Help patient to connect with elders/clergy  
Help patient with phone calls to contact family/friends

### **Stress Management & Relaxation:**

Support person to use specific relaxation tools



# What does recovery mean for me?

- Canadian mental health consumers participated in a study
- 2 themes came out for **Recovery**
  - Recovery as it relates to illness including “cure”, adapting to the illness, depending on medication, returning to a former self
  - Recovery related to wellness including taking charge of one’s life, actively engaging in recovery as a process, and evolving towards a new “self”
- Seeing recovery as a step-by-step process requiring personal effort, perseverance, strong will, and self education
- New self was seen as maturing in recovery and seeing self as different, gaining a purpose to living, and learning from each “crash”
- That the two views of recovery could both be held by most participants and are not mutually exclusive, both co-exist

Piat,M. et al, 2009

# Summary of what Sam & Tim say has helped them in recovery

- Support to do what they need & want to do
- Support to understand themselves & their wellness & illness
- Connection to others-being heard
- Connection to meaning



# Sam's post script & new challenges for the system...

- Recently met with his Uncle & Aunt and tolerated meeting well, hugged his uncle
- Proud of being an uncle himself to foster-brother's son
- Physical health deteriorating, need wheelchair for distance, support to care giver to understand & know what to expect, support to Sam & care giver on how to access services
- How will physical deterioration effect schizophrenia and inner peace Sam had found
- Growing group of patients that have aging &/or physical health issues that may challenge the system to meet needs



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# Humanize & Harmonize

- Human strengths
- By person living the life
- Relationships as key
- Enlarging the circle to allow for all voices even those hard to listen to
- Learning how to learn, experience life goes well with the occupational therapy view of enabling a person to live their life



# Enlarging the circle

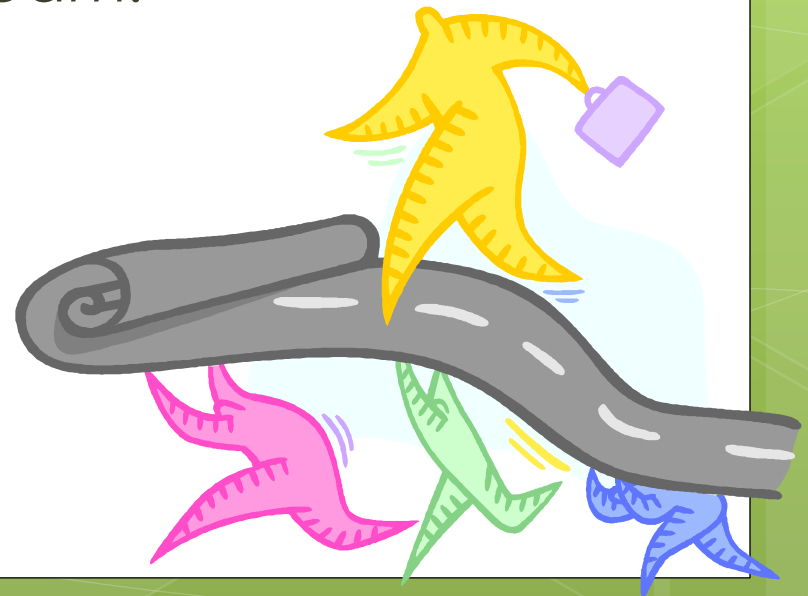
- How to get each person to be a part of the circle- tell their stories
- To allow & help person to take responsibility for self & be accountable to others in the circle
- Creativity
- Survivors
- Unrecognized & othered in society
- Value of contact – smile, handshake “I’m seen”

# Conclusion & Future Direction

- Occupational Therapy is about **being through doing** and in Forensics the doing can be challenging
- Supporting people to live in recovery supports them to stay on the correct side of the law and maintain their freedoms
- Forensic Unit continues to work towards providing opportunity for occupation within recovery and would like to explore supports for art projects, volunteer program, trauma informed care, and continue to develop family supports

# Dreams & Hope

- *Martin Luther King Jr. “If you lose hope, somehow you lose the vitality that keeps life moving, you lose that courage to be, that quality that helps you go on in spite of it all. And so today I still have a dream.”*



# Hope...

- I'd like to conclude by challenging us all to find a way to nurture the seeds of HOPE by **acknowledging basic human dignity** and providing **equal access to the necessities of life** including food, friendship, safe shelter & a place to belong in our communities.
- **Being -Belonging -Becoming**...Sam & Tim are, & there continues to be hope in the Forensic System...
- Leave you with this thought from an Unknown author. "... Never deprive someone of hope... it may be all they have.—"

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