Advancing Therapeutic Recovery in Forensic Rehabilitation

Approaches to Optimizing the Quality of Collaborative Mental Health Care

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Agenda

1. Rehabilitation in Forensics
2. The ‘LGUD’ Forensic Rehabilitation Inpatient Unit
3. Quality Improvement Projects
4. Questions
The Challenge of Forensic Mental Health

- Increasing demand for forensic services.
- Balance of risk & recovery.
- Gaps in the literature about how treatment is delivered in inpatient forensic settings.
Law and Mental Health General Unit D (LGUD)

- 16 bed forensic general unit, co-ed population
- Higher staff to client ratios (additional allied staff)
- Evening and Weekend Programming
- ‘High Need, Low risk’ clients
CAMH’s Quality Framework

- Healthy work environment
- Effectiveness
- Accessibility
- Safety
- Client-centredness
- Equitability
- Efficiency
- Integration

Quality care
SAPROF - Tipping the Balance Towards Recovery

**Risk Factors**
- Substance use & Major Mental Illness
- Lack of insight, Negative attitudes, & Symptoms
- Exposure to stress, lack of support, non-compliance

**Recovery Keys**
- External control, professional care, & Living Circumstances

**GOALS**
- Medication
- Work
- Motivation for treatment
Another way forward...

- Stabilization & Mitigation of Risk
- Symptom Management
- Shaping functional alternatives, pro-social behaviour and adaptive living skills.
- Self-management and individual fulfillment.
Facilitating Therapeutic Motivation: The Unit-Wide Token Economy

- Token Economies can facilitate increased adaptive functioning of individuals living with major mental illnesses (Dickerson, 2005).

- Helps patients “get started”.

- Allows nursing and allied staff to provide immediate positive feedback for recovery oriented behaviour.

- A way to change the culture of restriction and coercion to one of support and encouragement.
Harnessing the Power of Positive Reinforcement to Support Smoking Cessation

1. Measures of Carbon Monoxide reliably identify smoking. (Javors, 2005)

2. Differential reinforcement of lower rates of breath carbon

3. Positive reinforcement for carbon monoxide levels below baseline average

4. Health teaching for breath carbon levels above baseline
The LGUD Healthy Lung Challenge

Baseline Average Carbon Monoxide (ppm)  Intervention Average Carbon Monoxide (ppm)

26% Reduction on Average
Baseline
LGUD Healthy Lung Challenge

Challenger 1

Challenger 2
46% Reduction

Challenger 3
26% Reduction

Challenger 4
46% Reduction

Challenger 5
67% Reduction

Challenger 6
28% Reduction
Data Informed Clinical Work

Anything worth doing is worth measuring.

How Are Decisions Made?

Brief Verbal Report?

Review of Narrative Progress Notes?

Clinical Consensus?
Frequency of Contextually Inappropriate Behaviour

- Reports Hearing Voices
- Writing Inappropriate Letters
- Banging Door

Baseline

Behaviour Support Plan Implementation
Thank you!