Role of Recreation Therapy in Forensic Psychiatry

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Who We Are

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Learning Outcomes

- Develop a general understanding of the forensic psychiatry landscape.
- Identify two considerations for developing therapeutic recreation programs within the forensic psychiatry setting.
- List two therapeutic recreation interventions that can be implemented to support health and wellness within forensic psychiatry settings.
- Describe two ways that a forensic psychiatry specific model can be applied to the implementation of recreation therapy programs.

Background on Forensic Psychiatry

Terms You May Hear

- **Forensic Psychiatry:** the intersection between law and psychiatry
- **NCR:** not criminally responsible
  - Section 16 of the criminal code; applies if an individual is suffering from a mental disorder at the time of an offense which made them unable to understand the nature and quality of their actions and that it was morally wrong
- **Unfit to Stand Trial:** does not understand or respect the legal system or procedures
- **ORB:** Ontario review board, has jurisdiction over individuals who are unfit/NCR
- **Index Offence:** the offence that causes an individual to be under the ORB (there can be other offences before or after)

Terms You May Hear

- **Risk and Protective Factors:** susceptibility to peer influence, sleep hygiene, program participation, emotional regulation, family support, and more
- **Conditional Discharge:** living in the community with conditions that must be followed (checking in with care team)
- **Absolute Discharge:** no longer under the jurisdiction of the ORB
- **HARM:** Hamilton Anatomy of Risk Management, dynamically tracks historical and future risk of violence and elopement
- **AIS:** aggressive incident scale, where clinicians rank occurrences based on severity

How it Worked

- Rex v. Hadfield in 1800, had a large influence on the development of the Forensic Psychiatry System (Gordon & Khosla, 2014).
- In 1800 the British Parliament passed the Criminal Lunatics Act.
- These changes were then later incorporated into the Criminal Code of Canada in 1892.
- Section XX.1 of the Criminal Code of Canada now states that individuals with a mental illness who come into conflict with the criminal justice system, need to be treated in a humane fashion.

Century Manor, Hamilton; 1884

How it Works

- Forensic Psychiatry
  - Individuals are assessed for either their fitness to stand trial or their criminal responsibility.
  - Following an assessment, if found unfit to stand trial or NCR, individuals are typically transferred to a rehabilitative unit with the goal of risk reduction and eventual community reintegration.
  - If they are not found either, they may return to incarceration or be released for time served.

How it Works

- Individuals gain privileges by participating in programming and reducing their risk factors.
- The Ontario Review Board grants additional privileges individuals can work up to, including community living.
- Individuals are discharged into various forms of housing, depending on assessments and needs.
- Individuals may be required to check in with care team members until they are eventually absolutely discharged.

Need for Forensic Psychiatry Programs

- It has become apparent that the percent of individuals with mental illness are increasing within prisons/jails (Blanck, 2017; Chaimowitz, 2012; CMHA, 2005).
- Prisons/jails are the leading provider for individuals with mental illness (McCauley & Samples, 2017).
- Research has suggested that individuals with a mental illness are more likely to be incarcerated than an individual without a mental illness (CMHA, 2005; Tihonsen et al., 1997).
  - Lack of Community Support; Substance Use; 'Forensic' Label; Treatment Challenges
- Individuals with a serious mental illness are more likely to be incarcerated (Junginger et al., 2006).
  - Displaying psychiatric symptoms; Symptoms of mental illness motivate, or cause criminal offence

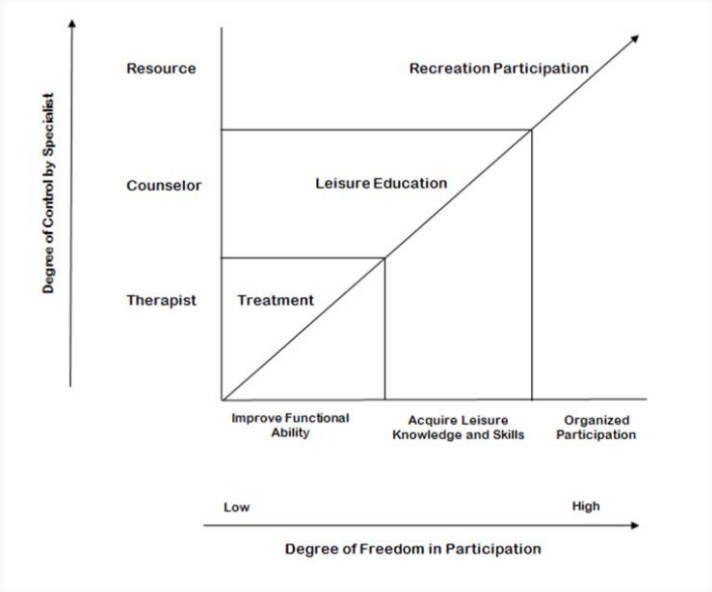
Complexities of Forensic Psychiatry

- Public opinion regarding punishment and risk of harm to community (Penn & Matin, 1998)
  - Stigma from community
- Personal emotions regarding current legal status and mental health (Martin, 2001)
  - Stigma from self
- Ongoing mental illnesses and their respective barriers (Kus, 2010)
- Intertwined legal system (Juth & Lorentzon, 2010)

Theoretical Models Relevant to Practice

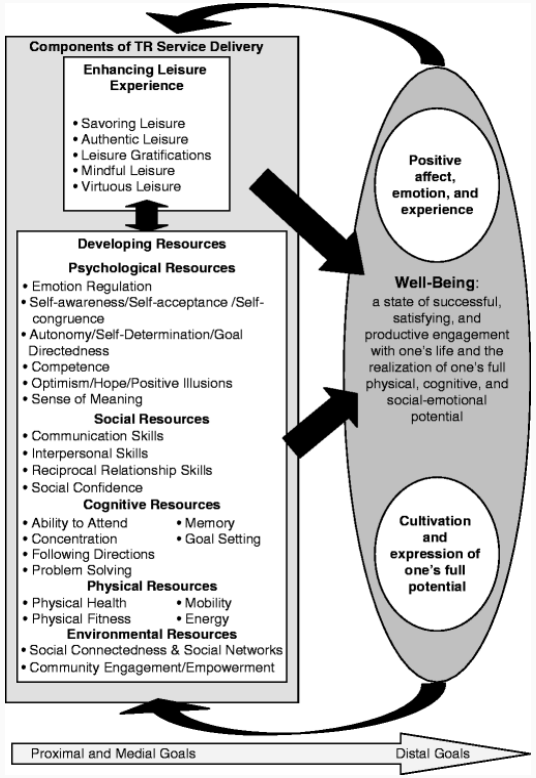
Recreation Therapy Models

Leisure Ability Model



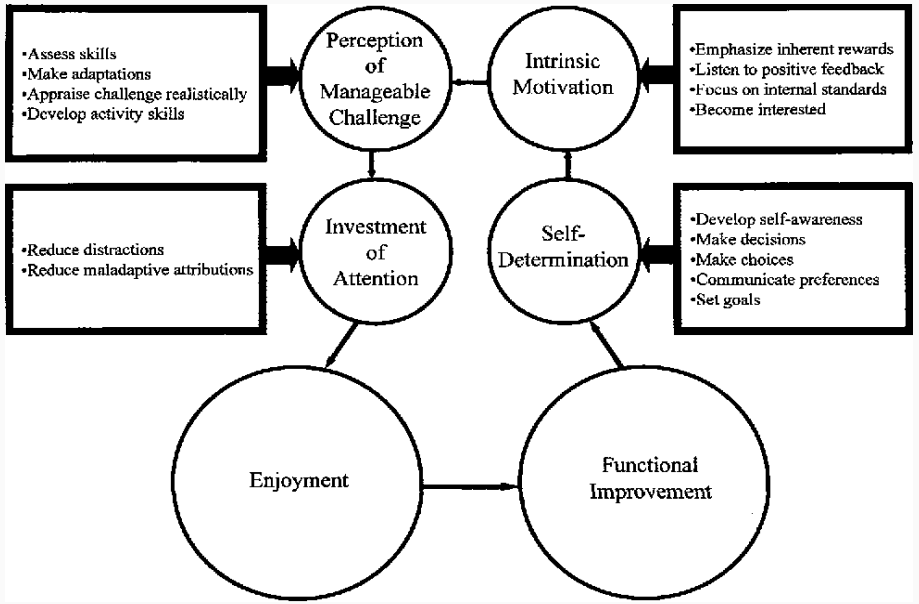
Leisure Outcome Models

Leisure and Well-Being Model



Health and Wellness Outcome Models

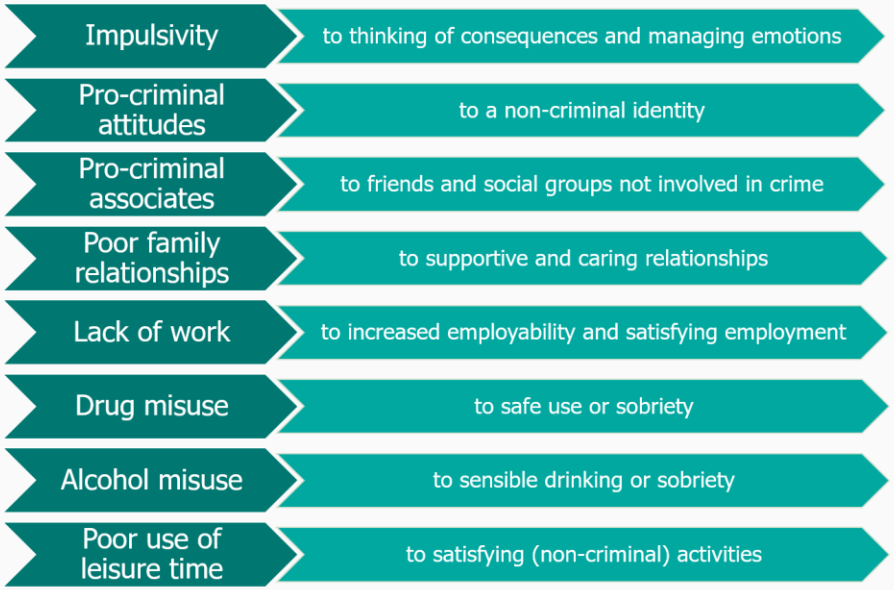
Self-Determination and Enjoyment: Enhancement Model



Functional Improvement Outcome Models

The Risk-Need-Responsivity (RNR) Model

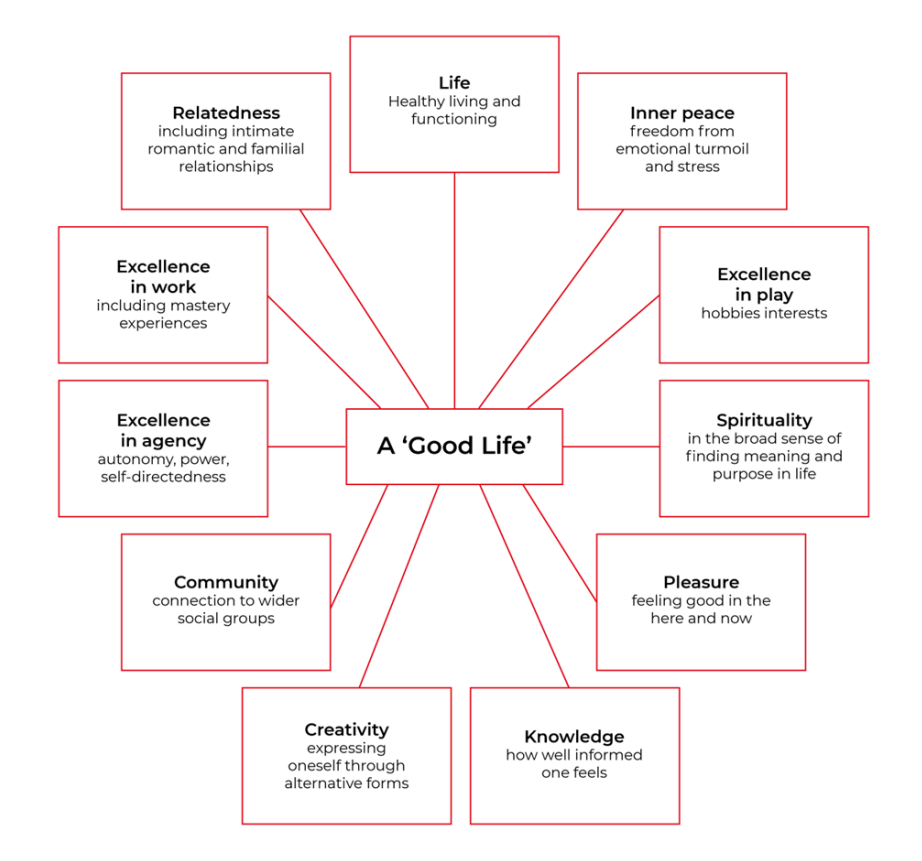
- The risk and needs of the individual should determine the strategies appropriate for addressing the individual's criminogenic factors before and after release, (Andrews & Bonta, 1998) based on three core principles:
  - **Risk principle:** Match the level of service to the person's risk to re-offend.
  - **Need principle:** Assess criminogenic needs and target them in treatment.
  - **Responsivity principle:** Maximize one's ability to learn from a rehabilitative intervention by providing & tailoring interventions to the person's learning style, motivation, abilities and strengths.



Good Lives Model (GLM)

- A strengths-based, holistic, approach, that addresses the limitations to traditional risk management approaches (Ward & Marshall, 2004).

- Directs practitioners to develop and implement interventions that equip individuals with the knowledge, skills, opportunities, and resources necessary to achieve outcomes that are personally meaningful to them (Ward & Brown, 2004).



Recreation Therapy within Forensic Psychiatry

A Brief History

- Recreation Therapy in Forensic Psychiatry
  - Correctional Facilities (i.e., yard, gym, movies, music, art)
  - Occupational Therapy (i.e., leisure & physical activity)
  - Traditionally there was a heavy focus on simply recreation
    - Enjoyment/Fun
    - 'Cure' Boredom
    - Limited focus on assessments, program development, research/evaluation, leisure education, psychoeducation, etc.

How This Looks: Programming

- Program proposals go through vetting by a multi-disciplinary committee
  - Proposals consider research, goals, expectations, outcomes, staffing requirements etc.
- Programs may occur in a variety of spaces (on unit, on grounds, in community etc.)
- Programs may be facilitated by unit-TRs and unit specific, or to a broader group (entire forensic program or entire mental health and addictions program)
- Programs may be facilitated in collaboration with other disciplines (i.e., OT)
- Different group sizes may suit needs better
- Different group styles may suit needs better

How This Looks: Earning Privileges

- Patients can request/earn privileges during monthly clinical team meetings.
  - Psychiatrist; Psychologist; Nursing; Social Worker; Occupational Therapist; Vocational Counsellor; Behavioral Therapist; Recreation Therapist
- Patients earn privileges based on many factors including:
  - Behaviors/interactions
  - Mental status exams
  - Aggressive incident scores (AIS)
  - Medication compliance
  - Group participation

How This Looks: Earning Privileges

- Privileges May Include:
  - Escorted 1:1 or 2:1; accompanied 1:3, or indirect
- Level of Privileges Include:
  - Level 1: On Unit (i.e., Courtyard, Unit Fitness Room, Computer Room)
  - Level 2: Off Unit, Secure Side (i.e., Gymnasium, Fitness Room, Leisure Lounge, Hair Salon, Library, Resource Center, Café)
  - Level 3: Hospital Property (i.e., Tim Hortons, Tennis Court, Baseball Diamond)
  - Level 4: Within the Community (i.e., Community Outings, Family Home)

Barriers for Recreation Therapists

- Awareness/understanding of the recreation therapist role by other health care disciplines
- Array of models in use (i.e., both forensic psychiatry specific & TR specific)
- Various titles and scopes of practice across the field
- General funding requirements

Are any of these barriers also strengths?

Barriers to Recreation Therapy Engagement

- Illness side-effects
  - Disorganized thinking
    - Simple and consistent explanations, additional staffing support
  - Slow movement
    - Adapted programming, individualized plans
  - Rapid mood changes
    - Firm limit setting, flexible program offerings
  - Lack of motivation
    - Awareness of previous interests, invitations to attend groups

Barriers to Recreation Therapy Engagement

- Medication side effects – often requiring interventions from multiple care team members
  - Drowsiness
    - Offer programming throughout the day; Variable program lengths
  - Weight gain
    - Encourage physical activity; Provide health teaching; Physical/fitness programs
  - Constipation
    - Pre-plan/adapt to patient needs; Considerations for outings
  - Muscle stiffness
    - Offer stretching/exercise programming

Barriers to Recreation Therapy Engagement

- Stigma
  - Double stigma surrounding mental illness and a criminal history
    - Labeled as "dangerous"
  - Reduced acceptance from community members
    - Stigma from the media
  - Shame related to diagnosis or actions
    - I.e., People with schizophrenia experiencing hallucinations

Barriers to Recreation Therapy Engagement

- Lack of resources
  - Financial
    - I.e., Not able to work; ODSP; Experience with homelessness
  - Social Relationships
    - I.e., No relationship with family/friends; Lack of support from family due to being in the forensic psychiatry system
  - Education
    - I.e., Lack of schooling/knowledge

Barriers to Recreation Therapy Engagement

- Lack of developed skills or competencies
  - Social skills
    - Social skill training, 1:1 conversations
  - Leisure skills
    - Leisure education, increased therapist intervention
  - Physical skills
    - Having staff with physical-related certifications (personal trainers, yoga, DROM)

Barriers to Recreation Therapy Engagement

- Other time commitments
  - Other Programs (SATP; DBT)
  - School/Work Priorities
  - Family Visits
    - Modifications May Include: Pre-planning with patients, working with the care team to book commitments at different times or seasons, & encouraging healthy balances

Recreation Therapy Interventions

Yoga

- Physical activity & exercise have beneficial effects on both physical & psychological well-being in people with schizophrenia (Holley et al., 2011; Gorczynski & Faulkner, 2010).
- Importance of relaxation in mental illness is being increasingly recognized (Vancampfort et al., 2011).
- Health benefits of Yoga are endless as the practice involves multiple body systems simultaneously and may impact the regulation of the ANS (Streeter et al., 2010; Van der Kolk, 2006).
  - Reduce blood pressure; Improves type 2 diabetes outcomes; Enhances respiratory function; Improved physical flexibility; Improved muscular strength (Sistig et al., 2015).
  - Positive effects on depression; Decrease anxiety; Improved body awareness; Stress reduction; Improved emotion regulation; Greater mood and well-being; Improved cognitive functioning (Uebelacker et al., 2010; Salmon et al., 2009; Friis & Sollers, 2013).

Yoga

- Offered 1x per week across the FPP program in the Wellness Room, with both staff and patients participating.
- 3 staff currently have yoga instructor certifications.
- If no staff available to facilitate, guided videos are used.
- Targeted goals
  - Improve physical fitness (i.e., strength, flexibility)
  - Reduce stress & anxiety (i.e., meditation, deep breathing)
  - Promote positive thinking (i.e, gratitude, kindness)

Recording Studio

- Promotes positive change and improves health, engages clients in recovery, assists in goal discovery, encourages hope, increases impulse control (Kirkland & Nesbitt, 2019).
- Goals include identifying and coping with emotions, increasing self-esteem, mental health education, building decision-making skills, spirituality, and group cohesion (Gallagher & Steele, 2002).
- Creating and listening to music quickly affects mood to elicit positive or constructive emotions (Gustavson et. al, 2021).

Recording Studio

- This program was recently submitted to be reviewed and is not yet in practice.
- The goal is to have a fully-functioning music studio, where patients can write and record music to express themselves, develop skills, work through and regulate emotions, and increase independence.
- Various relevant music-based programs occur, including drumming circles, 1-1 freestyling, beat creation, and karaoke.

Photovoice

- A 'process by which people can identify, represent, and enhance their community through photographs' (Wang et al., 2000) and where photographs are used as an elicitation tool for facilitating discussion and sharing experiences (Edmondson et al., 2022).
- Visual images enable people to identify and think critically about problems/issues central to their lives more easily (Wang & Burgess, 1997).
- Using a camera is accessible and inclusive of those who do not read, write, or speak the dominant language, and those living with stigmatized health conditions (Edmondson et al., 2022).
- Edmondson et al. (2022) used photovoice to understand how healthy lifestyles can be improved in those with SMI.
    - Participatory action research allowed for the empowerment of individuals through self-reflection of shared lived experiences & for rich/meaningful issues to emerge.

Photovoice

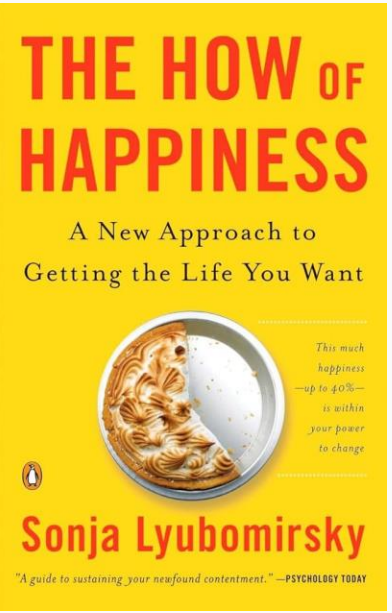
- Delivered in collaboration between recreation therapy and occupational therapy.
- A theme is chosen by facilitators for the group and reflective/debriefing questions are developed.
- 45 minutes for picture taking, and 45 minutes for discussion/debrief
- Examples:
  - Individual interpretation of well-being (Physical; Social Emotional; Cognitive; Spiritual)
  - Personal experience with mental illness (i.e., Impact on self/others; Stigma; Barriers)

How of Happiness

- Participation in positive psychology groups increases gratitude, life satisfaction, and hope over time (Huynh, Hall, Hurst, & Bikos, 2014).
- Psychoeducational groups increase knowledge and awareness of mental illness (Aho-Mustonen et al., 2008).
- Psychoeducational programs increase an individual's confidence in participating in groups and assist in feeling "normal" through discussions and healthy, facilitated conversation (Walker & Trenoweth, 2017).

How of Happiness

- This program is typically facilitated once per year, via referrals by any member of the care team
- There are 8 sessions with topics ranging from understanding gratitude, setting SMART goals, optimism, acts of kindness, reframing, and self-care
- Each session includes group discussion, work sheets, and guided reflection
- Targeted Goals:
  - Learn about being intentional with activity participation
  - Reflect on happiness needs and leisure interests
  - Utilize positive psychology skills as a coping strategy



Team Sports

- Evidence supports positive associations between therapeutic sport interventions and both psychological and physical effects (Ashdown et al., 2020; Stellmacher & Habler, 2016).
- Reimer et al. (2022) explored the development of social competence (perspective taking; communication skills; social responsibility) through a Volleyball program in a forensic psychiatry setting.
- In forensic psychiatry, social competence, competition, and team atmospheres can support with better aggression/ impulse control, and conflict resolution strategies (Reimer et al., 2022).
- Cognitive Benefits: improved problem-solving ability, goal-setting skills, and ability to follow directions, attention, memory, and improved concentration (Tint, 2021).
- Social Benefits: improvements in social confidence, communication skills, reciprocal relationship skills (Tint, 2021).

Team Sports

- Offered throughout program 3-4x per week
  - Baseball; Volleyball; Basketball; Badminton; Tennis; Kickball; Soccer; Pickleball
- Staff participation is encouraged
- Targeted Goals:
  - Increase physical activity
  - Encourage teamwork, sportsmanship, and fair play
  - Improve interpersonal communication skills and social connections

Armchair Travel

- Participation in group cultural awareness programs increases empowerment, emotional connection, and self-transcendence (Zumeta et al., 2022).
- Teaching reflexivity, which is how to examine and critically consider your own beliefs, is an important element of being culturally responsive (Smith et al., 2022).
- "Travel in place" programs can facilitate greater awareness, knowledge, and interest in other cultures (Zachary, 2012).

Armchair Travel

- Offered throughout the program ~1x/month
- Staff and occasionally patients will work together to create a multi-sensory, multi-media presentation about a geographical location or cultural event
  - Ireland, Cinco de Mayo, Italy, Easter Island
- Staff may bring in relevant foods or activities to the presentation
- Targeted Goals:
  - Brightened affect and positive emotions
  - Increased cultural awareness
  - Participation in constructive conversation and/or collaboration with presentation

Community Outings

- Are aimed to promote community reintegration and to support patients on their journey towards mental health recovery (Walker et al., 2013).
- Allow forensic patients to rebuild or maintain family ties, access community resources, and develop vocational & leisure skills (Farrell et al., 2024).
- The importance of patients being able to practice their skills and generalize them to the social environment is a pillar of mental health recovery (MHCC, 2015).
- The importance of community access is consistent with leading theories guiding evidence-based practice with criminal justice involved individuals (i.e., GLM) (Andrews et al., 2006).
- Community outings provide clinical staff essential information to influence patient care (Farrell et al., 2024).

Community Outings

- Offered by Recreation Therapy Team approximately 3x per week
  - Tuesdays; Thursdays; Weekend
- Selected based on patients interests & abilities, price/cost, & consideration for appropriateness of patient population/risk factors/index offence (i.e., Crowded Spaces, Children)
- Program has paid memberships: YMCA; Recreation Centers; Conservation Areas; RBG
- Examples: Art Gallery; Library; YMCA; Bowling; Driving Range; Movie Theatre; Art Studio; Professional Sports Games; Hikes

Pen to Paper

- Interactive or "reflective" journaling has been shown to be a valuable component of many effective learning strategy methods (Deaver & McAuliffe, 2009).
- Interactive journaling encompasses elements from the transtheoretical model of change and motivational enhancement therapy (Miller, 1995) and uses guided questioning and restructuring strategies designed to aid individuals in examining feelings and cognitions surrounding maladaptive behaviors; it has been shown to be effective in behavior change (Frattaroli, 2006).
- Interactive journaling is a particularly appealing intervention strategy for use with inmates because is not only time efficient but has been found effective in reducing the likelihood of engaging in serious forms of misconduct during incarceration among inmates (Camp et al., 2008).

Pen to Paper

- Offered by recreation therapists ~1x/week
- Staff will provide writing cues based on reflective questions, world events, or personal experiences
  - The group will then write any length of reflection based on the prompt and then have the opportunity to share
  - The program can be facilitated audibly for those who cannot or will not write but still wish to participate
- Patient's answers can guide future programming, provide insight to the clinical team on their mental status or history, and build rapport with staff

Are there any evidence-based programs that you are currently facilitating in your practice?

Testimonials/Quotes

Testimonials From Recreation Therapists

- *"It's exciting to rekindle interests for people who have neglected their leisure well-being for so long. As soon as someone says, 'I used to...' my brain starts thinking about how they can participate again."*

- *"Working in forensic psychiatry as a recreation therapist has taught me a lot, from being compassionate, to learning how to just have fun. Being able to watch our population use the skills and tools we provide as recreation therapists; really shows the benefits of the amazing work we do."*

- *"Recreation therapy in forensic psychiatry is essential. Patients rely on programs and their TRs to support their quality of life and engage in programs that often reignite their joy, their passion and fuel their goals. I have seen first-hand the difference it makes when we see the person as whole and find ways to support balancing their domains of health, so they feel centered and confident in moving forward through the ORB system."*

Testimonials From Recreation Therapists

- *"Something about taking people into the community to pursue recreation/leisure after possibly years of incarceration/institutionalization is an up-lifting and eye-opening experience."*

- *"I am passionate about my job as a recreation therapist working in forensic psychiatry because it gives me the opportunity to provide positive engagement and improve the quality of life of individuals who are otherwise marginalized from society."*

- *"Recreation therapists are more than just the staff that provide fun programming to distract or help patients pass their time. Recreation is the connective tissue of forensic psychiatry. Our clinical rapport with patients makes us the quickest line between them and staff. We keep the team informed of patients' goals and provide support to help them succeed."*

Quotes from Forensic Psychiatry Patients

- *"I love being able to just listen to music and do art, it feels so therapeutic and makes me feel calm."* Patient response when asked about their thoughts on recreation therapy.
- *"I always feel like all my stress from being in hospital just goes away."* Patient after completing a 30-minute group yoga program.
- *"I hadn't been to a store in 4 years because of being in jail and hospital, so thank you very much for that. I appreciate you guys."* Patient after attending a community outing to Walmart with staff for the first time.
- *"I never knew how relaxing painting could be."* Patient after engaging in a follow-along art program.
- *"I feel a little bit nervous and a little bit excited, but more excited"*. Patient getting ready to complete their first 5km run after completing a running program with a recreation therapist.
- *"Recreation gave me the opportunity to try new things and pursue old passions. It allowed me to feel human again."* Patient response when asked about their thoughts on recreation therapy.

Future Research

- Specific Look at Recreation Therapy in Forensic Psychiatry, rather than:
  - Recreation within Correctional Settings
  - Engagement in Leisure by Occupational Therapists
- Benefits of Programs (i.e., Targeted risk factors; Applicability to rehabilitation/recovery)
- Community Integration
- Discharge Planning
- Recreation for Substance Use

Group Discussion

1. How do you apply models to your current recreation therapy practice?
2. Do you feel non-TR models (i.e., GLM, RNR) can be applicable or beneficial to our TR practice?
3. Do you seek evidence-based interventions to apply to your practice? Are there any barriers?
4. Are you currently, or have you engaged in research to strengthen the academic field of recreation therapy?
5. Have you faced barriers similar to those we described (i.e., program engagement)? How do you adapt?

Thank you!

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