Therapeutic environment according to MOCA perspective in forensic inpatient setting.

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要旨

- Characteristic of forensic mental health
- Generalization : individual treatment program to life scene
- Importance of intervention in ward to promote social aspect of development
- Transformation of motivation of client based on relation

Summary

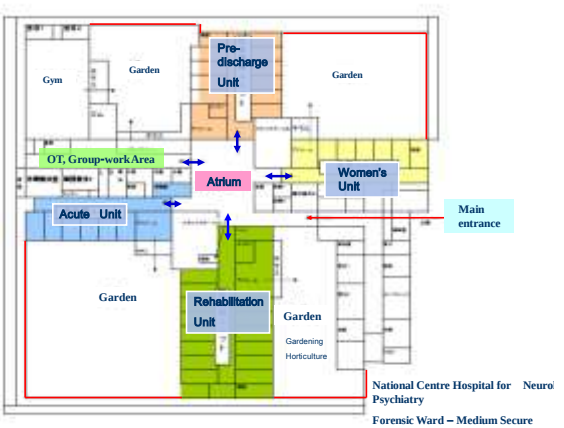
- "the therapeutic environment" and importance of patient change in social aspect according
- group dynamics for his motivational change
- MCA for individual and the group
- MDT approach for the ward environment
- Recovery process through MCA

Overview of Forensic Mental Health system in Japan

- Established 2003.
- Medium secure only.

*Large unit(34 beds), Small Unit(15 beds)

- No court diversion (not including prison service)
- Average length of stay is 1.5 years.
- Diagnosis: Mainly major diagnosis but including learning disabilities, dual diagnosis.



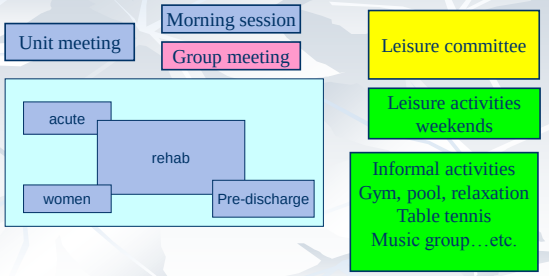
OT role for setting up the social environment within the ward

- Arrangement of the facilities and equipment (hardware)
- Facilitating group dynamics as therapeutic community（communication, interaction, roles, responsibilities, problem-solving…etc) within a unit and whole ward
- Enhancement for "Using of the free time" other than the treatment programmes.

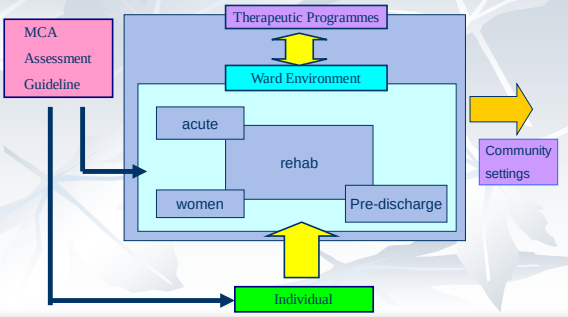
General intervention within each unit

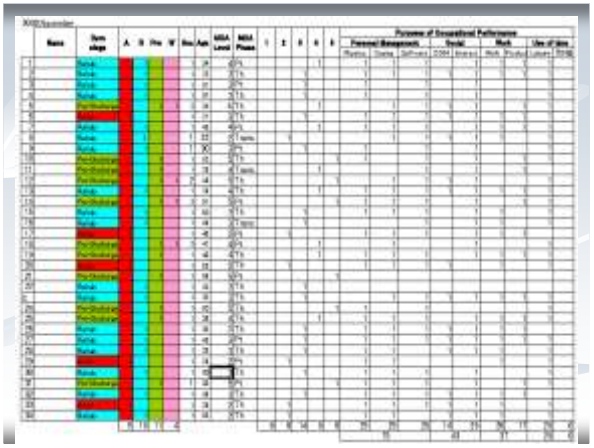
	level	Communication	Interaction	Emotional control	Problem-solving
Pre-discharge (PSW)	**4~5**	**Assertive skills**	**Acceptable Expected**	**Required sustained Cope with his way**	**Norm compliance Comprehensive integrated**
Rehab (OT)	**3~4**	**Basic social skills Present themselves to others listen to others**	**Aware of group Task oriented Role play**	**Supportive Asking cl. for option enhance effort**	**Goal directed compound factors Some abstract way**
Acute (CP)	**1~2**	**Awareness of self Self-expression Attention Basic concepts**	**Safe atmosphere Parallel way familiar environment Aware of others**	**Not expected Drop in, out**	**Clear instruction Prompting choices Concrete ideas**

Social interactions in the ward



MCA for the individual and the environment





MOCA levels in service

	1	2	3	4	5
Acute (5)		2	1		
Transitional					
Patient Directed		4			
Therapist Directed		2	1		
Rehab (14)		2	10	2	
Transitional		1	0		
Patient Directed			1	1	
Therapist Directed		1	9	1	
Pre-discharge (10)			3	4	3
Transitional			1	1	
Patient Directed			2	1	1
Therapist Directed				2	2
Women (4)				2	2
Transitional					

Case Review

The case have got the difficulties for constructing therapeutic relationship with staff, but it was improved with group dynamics and the peer support.

Case Review

- He denied that he is sick, and it was difficult for him to promote his insight of mental condition and introspection
- Severe persecutory delusion
- Difficulties of establishment of the relationship
- Low self esteem, low Rehabilitation Readiness
- Peer support was effective

profile	**３０yrs. Male** **Schizophrenia（ persecutory delusion 、 auditory hallucination ）** **Index Offence: Bodily harm for his father**
history	**No problems until high school. Captain of football team, and good relationship with his friends. On-set after he graduated from high school. Following auditory Hallucination, delusional idea, he had severe persecutory delusion to his family (especially to his father). He had part-time job but it was only for short term (stress in relationship with others, decreased performance ）.Persecutory delusion to his father became worse, then he hit his father. （ took 3 weeks to recover ）**
After admission	**At first, he was admitted to H hospital. He couldn't establish relationship with staff; denied his illness -impossible for him to take into any therapeutic programme. Condition got worse: broke furniture or the wall.** **Transfer to our unit for m-ECT for 1 month. His condition kept stable temporarily then came back. But his state got worse again so it was decided to transfer him to our hospital.**

治療への関わり	**Sometimes shows his delusional thought to staff, especially in close relationship (primary nurse) but gradually withdrew. He began to participate in treatment programmes other than psycho-education, insight for Index offence** **Didn't accept his illness and disorders but he understands his weakness or difficulties in occupation** **Self –esteem and self-efficacy was low. Didn't try new things and any activities requiring certain level of performance** **He was so sensitive for being assessed by staff** **He can communicate but his interaction was superficial** **He lost his confidence that he could be accepted by others**
	His father also has got affective disorder (bipolar) .His father wants a close relationship, too much attention on him. **His father distrust medical treatment.**

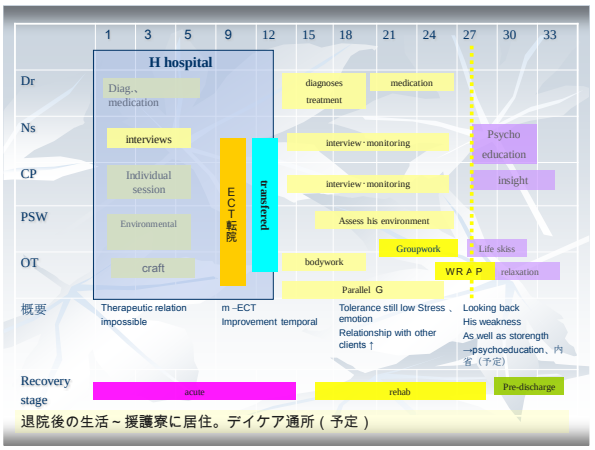
Occupational Performance in the unit

Self-care	social	work	Free time
Sleep unstable, Isolated Self-care : mostly independent Medication: Distrust, depo is used Money management Impulsive shopping Anxiety if its shortage Negative thought for his ability, low self-esteem Tolerance was low Broke the equipment He breaks the wall and equipment in his room. Symptom, stress level	Basic communication Effected by the symptoms and stress. Greeting, consideration for others were indicated but too much effort to adaptation He was not good at express his feeling Difficulties on keeping personal distance. Relationship with specific members were seen （ mostly another party whose ability is lower than ours. ） Doing games with others	Logical thinking, understand the situation Basic tool use were kept Attention and cognitive processing were lower He realized his weakness He avoid new things Work ability: Inconsistent - effected by symptom and emotions	Mostly isolated in his room Sometimes divert himself, →doing exercise, football TV game but not satisfied with that Smoking ,making coffee for the rest.

MCA assessment

Initial Assessment

final Assessment



	I	II	III
Recovery Process	He avoid to mention his problems Frustrated, stressed	Low self-esteem Preparedness for change	Self-confidence Self-efficacy
Coping skills	No norm awareness Screaming, destroying the furniture	Try to adapt the norm Use gym for screaming and exercise	Approach staff to talk about feelings and how to cope / medication
Social	Isolated Egocentric	Interest to the others constructive suggestion in the meetings Positive feedback from others	Initiative in the group
OT	Parallel group Not clarify the goal Activities improve his condition	Task-oriented group Caring aquarium Gardening Roles and task is clear	Self-awareness group

MCA perspective

- Life style in the unit
- Community meeting and environment
- Feedback for other profession
- Generalization within the unit
- Positive effectiveness by the environment and therapeutic group
- Recovery model and MCA