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Background

Participating in structured and purposeful daily activities has been found to contribute to the wellbeing and recovery of forensic patients and plays a role in reducing the risk of recidivism (Rani & Mulholland, 2013) and aggressive behaviour (Meehan & Bergen, 2006). Strengthening patient engagement also helps to improve experiences of care in forensic hospitals (Livingston, et al., 2013).

Although the amount of structured activity required for each patient is not known, a target of 25 hours of activity per week of meaningful activity has been recommended by the Quality Network for Forensic Mental Health Services (QNFMS), London, UK, for forensic patients.

Cognitive Behavioural Therapy (CBT) can be delivered effectively by mental health professionals from different disciplines (Gratzer & Goldbloom, 2016; Durrant, et al., 2007) and there is evidence of its effectiveness for patients with schizophrenia in secure forensic mental health settings, particularly with improvements in interpersonal functioning and negative symptoms (Williams, Ferrito, & Tapp, 2014).

Project Aim

Our aim was to increase overall patient engagement in recovery-based activities by training all staff on the unit in basic CBT principles. Our hypothesis was that staff training in CBT would:

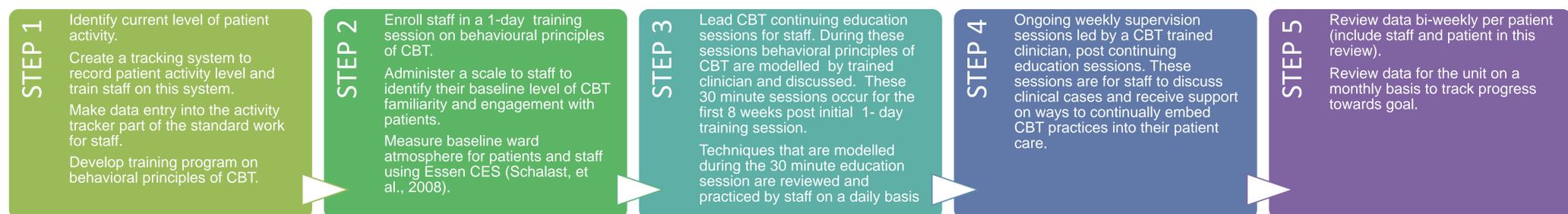
- Increase the overall recovery-based activity level of patients through motivation in 1:1 sessions;
- Increase the skills and confidence of staff to engage in 1:1 therapeutic activities with patients;
- Improve the ward atmosphere as a whole by improving patient cohesion and feeling of safety and security.

Project Design/ Strategy

We implemented this initiative on a medium secure forensic unit (a unit dedicated to treating patients who have been accused of committing a crime while experiencing an episode of mental illness) at CAMH in Toronto.

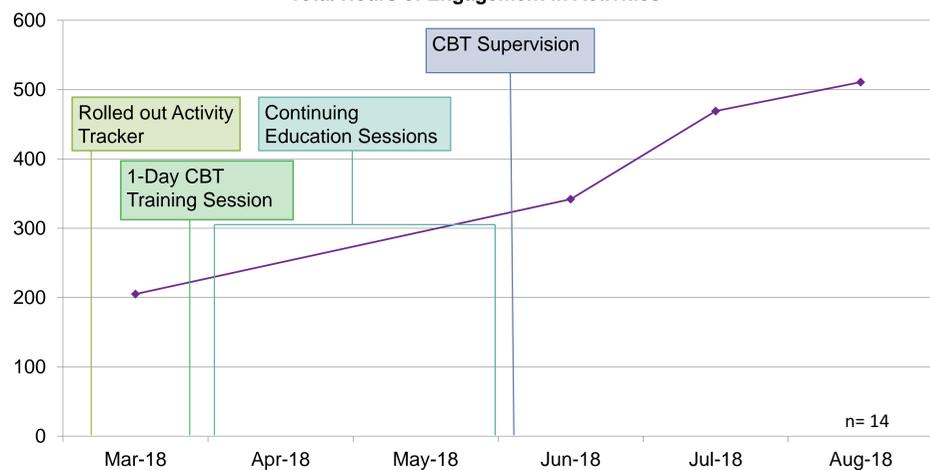
The hospital offers a wide range of evidenced based programming for inpatients. However, although there is access to such programming, overall participation among patients on medium secure forensic units can be low. Thus, our team at CAMH embarked on a quality improvement initiative aimed at increasing the number of activities patients partake in.

An interdisciplinary team consisting of a psychiatrist, psychologists, social workers, occupational therapist, behaviour therapist, registered nurse, senior methodologists, and members of the leadership team met to develop 1) the CBT principles training program that was rolled out to the medium secure forensic unit staff and to 2) develop a tracking system where patient activity levels could be accurately recorded.

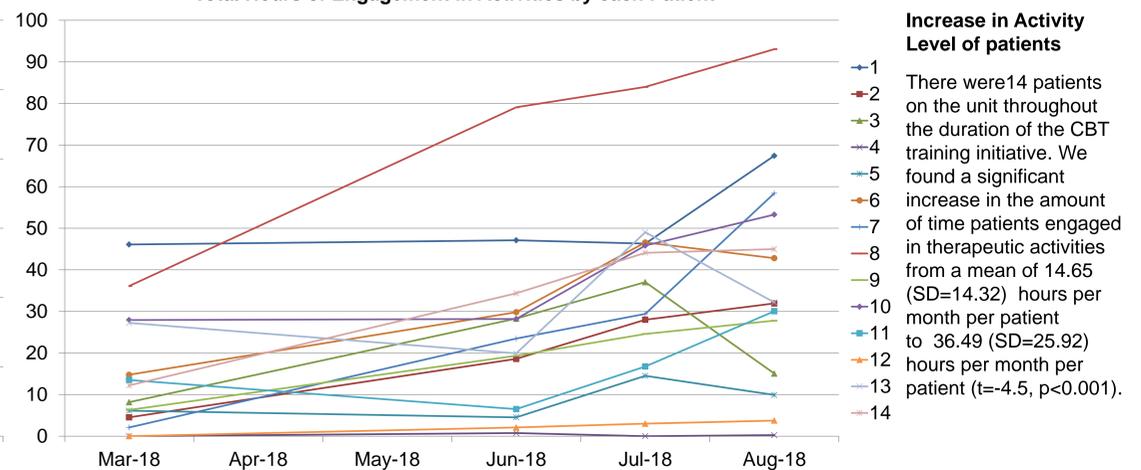


Summary of Results

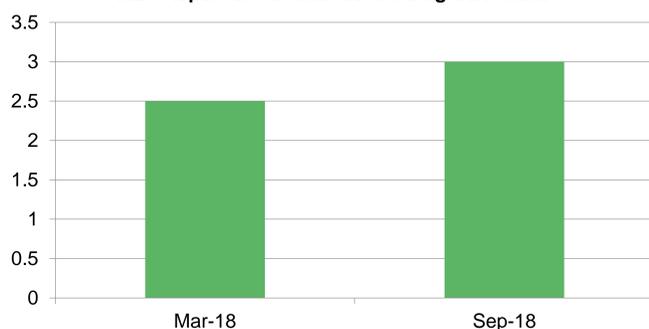
Total Hours of Engagement in Activities



Total Hours of Engagement in Activities by each Patient



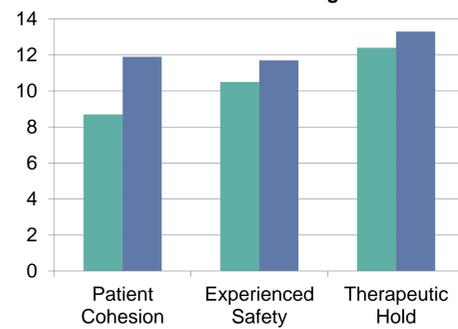
Staff Report of Confidence in Using CBT Skills



Increase in Staff Confidence in Using CBT Skills

37 staff completed the questionnaire prior to training in CBT and rated their confidence in applying these skills. The mean score was 2.65 (SD=0.86). 22 staff completed a post training measure, with mean score 3.14 (SD=0.99). There was a significant improvement in the confidence post training (T=1.99, p=0.05).

EssenCES Scoring Results



Improvement in Ward Atmosphere

17 patients completed the EssenCES (Schalast, et al., 2008) pre CBT training and 15 completed the post training measure. We found a significant improvement in patient cohesion (mean of 8.71 compared with mean of 10.22, t=-2.30, p=0.03). There was an improvement in measure of experienced safety and therapeutic hold however these differences did not reach statistical significance.

Discussion/Next Steps

- There was a significant increase in the mean number of hours that patients engaged in recovery-based activities following the introduction of basic CBT training for staff. Almost all patients showed some increase in their activity. There was also an increase in staff reports of familiarity with CBT and in confidence in engaging with patients.
- We found an increase in reports of patient cohesion on the unit, and overall improvement in ward atmosphere.
- The increase in activities coincided with the staff CBT training, and maybe due to both a direct increase in 1:1 therapeutic engagement with patients, and also a motivating effect for patients to engage in a broader range of activities.
- We also noted that many patients appeared to respond positively to seeing charts of their weekly total amount of therapeutic activities, which may have had a further motivating effect for some.
- Training staff of all disciplines in basic CBT techniques was both feasible and acceptable and appears to have resulted in several benefits.
- The overall levels of activity, however, are well below the recommended target of 25 hours per week, but the improvement is encouraging over the relatively short period of time of the implementation of this training initiative.
- Further research is needed to determine whether the positive effects we observed are sustained, and whether increased engagement in recovery-based activities results in other benefits, such as a reduction in adverse incidents, and a reduction in overall length of stay.

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