

Guideline for Development and Implementation of Functional Prescriptions in Forensic Rehabilitation



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Guidelines For Recovery-oriented Practice: *Hope, Dignity, Inclusion*

Organized in 6 dimensions of recovery oriented practice:

- 1) Creating a culture and language of hope*
- 2) Recovery is personal*
- 3) Recovery occurs in the context of one's life*
- 4) Responding to the diverse needs of everyone living in Canada*
- 5) Working with First Nations, Inuit and Metis*
- 6) Recovery is about transforming services and systems*

*<http://www.mentalhealthcommission.ca/English/initiatives/RecoveryGuidelines>

Forensic Mental Health System

Intersection of mental health and criminal justice systems

Not Criminally Responsible (C.C.C. - Section 16)

- ☞ The accused was suffering from a mental disorder at the time of the crime
- ☞ The mental disorder was a factor in commission of the crime
 - Unable to appreciate the nature and quality of the crime or not knowing that it was wrong

Unfit to Stand Trial (C.C.C. – Section 672.22)

- ☞ The accused is unable, because of a mental disorder, to defend against the charge(s) he/she is facing or to tell his/her lawyer what he/she wants to do with case

The Forensic Patients – Who Are They?

- Varied etiologies → varied clinical presentations (e.g., antisocial personality disorder, dual diagnosis, substance abuse disorder, schizophrenia)
 - ☞ Different treatment needs
- Different levels of readiness for treatment (e.g., medication stabilization, active symptoms of psychosis, behavioural misconducts)
 - ☞ Different stages of readiness → different treatment needs

Development of a Model of Care for the Forensic Patients

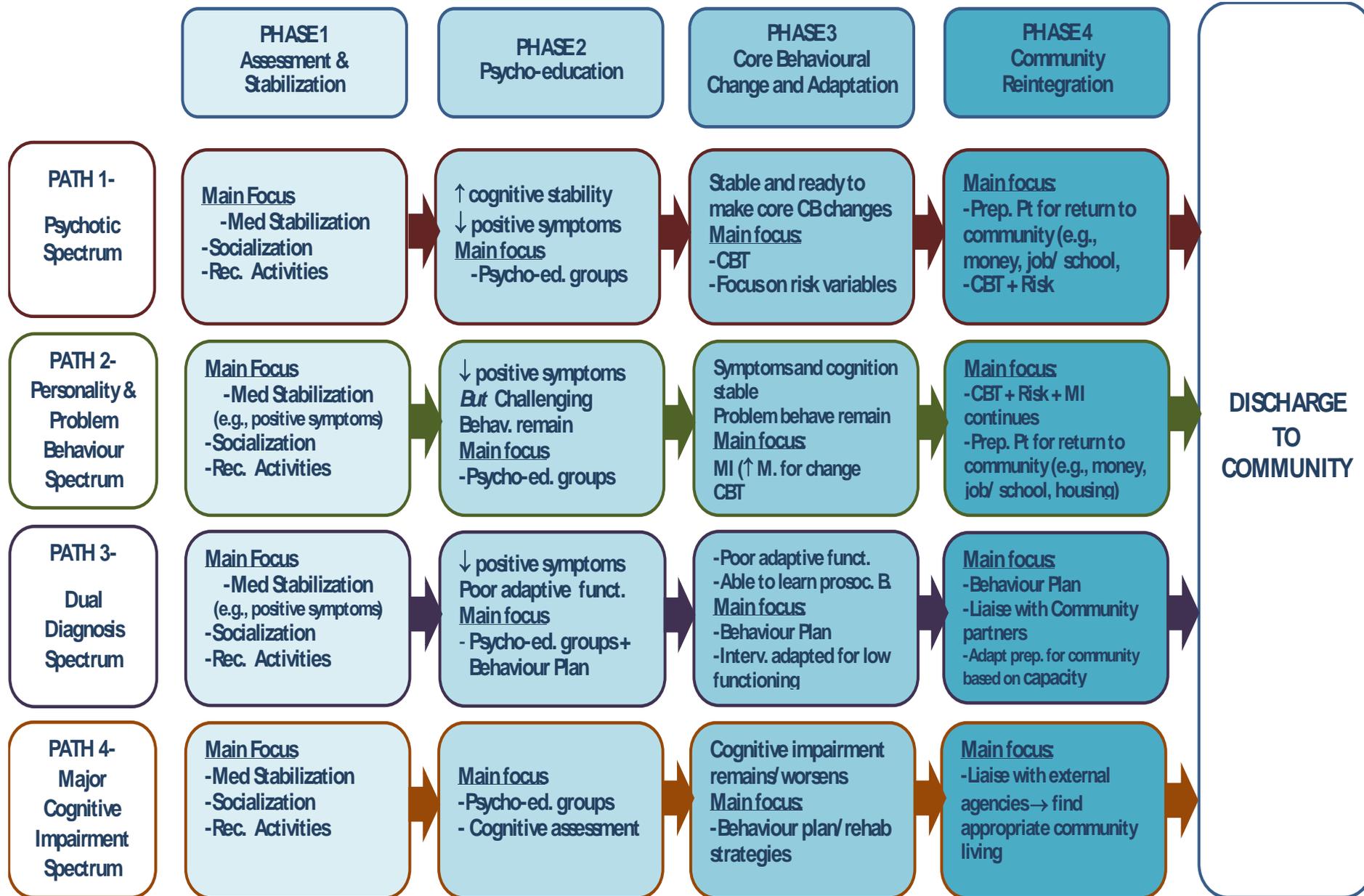
- Rooted in the Recovery Model of Care → central role of patients in their own treatment (Reisner, 2005)
 - Focus on strengths, self governance, self-will, autonomy, coping skills, creation of new meaning for how to live with mental illness
- Acknowledges different needs based on different etiologies and on different levels of readiness
- Departs from the traditional medical model of care

Components of Recovery



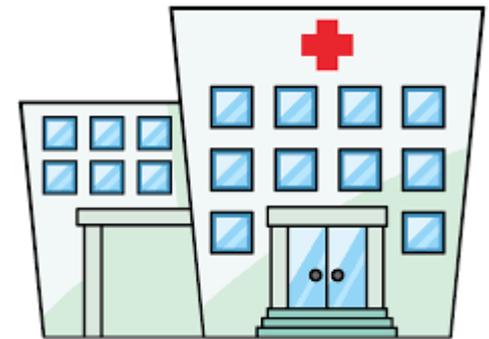
PHASE & NEED-BASED MODEL OF CARE

- Created by Anik Gosselin, Psychologist



Forensic Treatment Unit - BMHC

- Brockville Mental Health Centre
 - Total Beds Number: 59
- Four Units: Assessment & Stabilization, Rehabilitation 1&2 and Transition
- Court Assessments
- Interdisciplinary Team Approach
- Focus on Community Reintegration, while managing risk



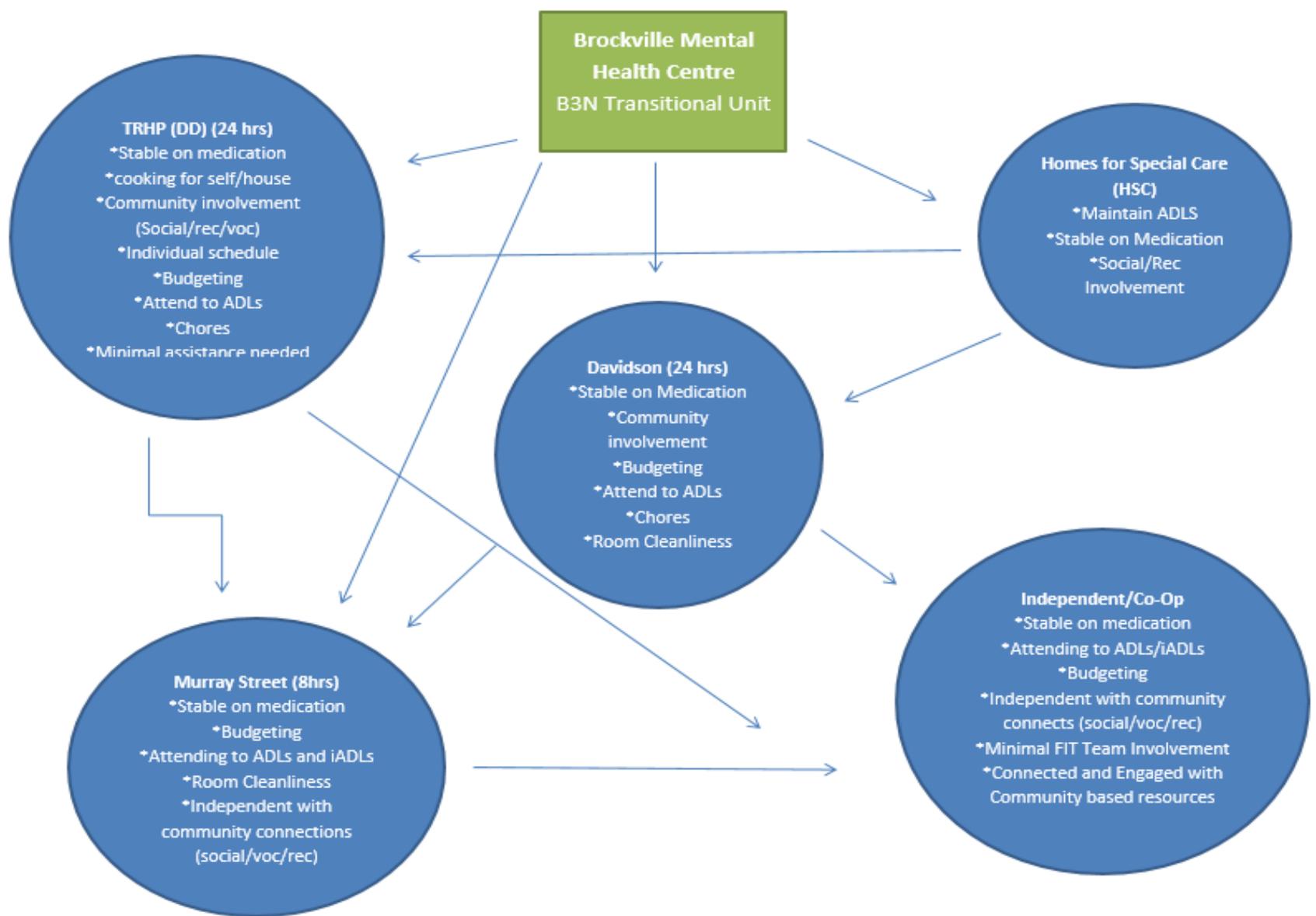
Challenges of Forensic Population

- Common to have difficulty adapting to living in the community due to lower functional status (a.k.a., “institutionalization”) and to stigma
- Inability to successfully reintegrate community ↑ likelihood of relapse, recidivism and readmissions
- Life skills such as basic cleanliness, hygiene, prosocial interactions, community engagement, vocation/leisure are important aspects in assessing discharge readiness

Community Reintegration Challenges

- **Snapshot of B3N**
 - Low Activation
 - “Buying Time”
- **Discharge options**
 - Risk Level
 - Functional Needs
- **Moving forward from here....**





Moving Forward – The Missing Link

- Meeting with client's to identify their short and long term goals
- Determining what activities, programs, groups, etc can assist the clients in achieving these goals both now and in the future
- Linking these goals with the discharge planning process
- Developing a tool to put it all together

From Theory To Practice – The Functional Prescription Program

- Need for a tool to be sufficiently adaptive to adjust to different needs for different clinical profiles
- To shift from the medical to the recovery culture of care
- To facilitate the therapeutic relationship between staff and patient
- To improve communication between the team members and between the patient and his team
- To identify specific goals for specific needs

From Theory To Practice – The Functional Prescription Program

- Encourage the client to take ownership of his or her own health goals
- Foster client independence and sense of autonomy
- Return power to the client
- Develop and maintain goal-oriented behaviours
- Encourage staff-client therapeutic interactions
- Requires inter-disciplinary as well as staff-client collaboration - This systematizes good team communication and improves outcomes

The Functional Prescription - Theoretical Background

- The concept of prescribing healthy behaviours was adopted in New Zealand as a public health intervention (Patel et al., 2011) - known as a 'Green Prescription'
- A plethora of evidence demonstrates that adherence rates to healthy behaviors increases when they are formally prescribed. (e.g., Sorensen, Skovgaard & Puggard, 2005; Lawton et al., 2008; Rethorst, 2013; Hamlin et al., 2016)
- Also shown to assist in interdisciplinary collaboration.



The Functional Prescription - Description

- A tool that outlines the daily and weekly tasks, and life skills, that are expected for the client to accomplish and routinely engage in.
- Designed to capture the activities within a one-week timeframe.
- Allows both the client and staff to objectively monitor a client's adherence to the agreed upon expectations.
- Does not replace risk management strategies



The Functional Prescription - Development

- Developed via a multidisciplinary team and client collaboration
- Individualized to fit each client's unique needs
- Also designed to reflect the day-to-day realities.



The Functional Prescription



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Functional Prescription for: (Patient Name)

ID Number:

Week of:

- Your Psychiatrist is:**
- Your Recreation Therapist is:**
- Your Nurse Practitioner is:**
- Your Social Worker is:**
- Your Occupational Therapist is:**
- Your Psychotherapist is:**
- Your Prime Nurse is:**

<p><u>SELF-CARE ACTIVITIES</u> Wake up (self): Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Medications (self): Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Shower: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Oral care: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Clean, New clothes: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Laundry: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p><u>EXPECTATIONS</u> Wake up on own before 9:00am. Come to Nrsg station daily on own. Daily after 8:30am. Comb hair afterwards. At least once per day recommend using mouthwash. All Fresh, clean, new clothes daily following shower. Laundry day is on Wednesdays and Saturdays. Ask staff for assistance if needed.</p>
<p><u>PRODUCTIVITY BASED ACTIVITIES</u> Room Clean and Tidy: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Daily: keep it tidy and clutter free, no garbage on surfaces or floor, deep clean weekly.</p>
<p>Meal Prep and Clean-Up Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Attend dining room for all meals and snacks unless in another program. Clean up after eating.</p>
<p>Community Indirects : Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Access community indirect privileges at least twice a week.</p>
<p>Recreational Programming: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Attend recreational programming offered by RT on a weekly basis.</p>
<p>Vocational Activities: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Daily vocational placement (TBD), include schedule</p>
<p>Groups: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Attend Mental Health DMT groups every week on Tuesdays.</p>
<p>1:1 Meetings (SW/OT/Rec/voc/psychology/nrsg/Dr) Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Monday – (RN) Tuesday – (REC) Wednesday – (SW) Thursday – (REC) Friday – (OT)</p>
<p>Checking in with nursing staff: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Check in with nursing staff in the afternoon to review prescription.</p>



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SELF-CARE ACTIVITIES

Wake up (self):

Mon Tues Wed Thurs Fri Sat Sun

Medications (self):

Mon Tues Wed Thurs Fri Sat Sun

Shower:

Mon Tues Wed Thurs Fri Sat Sun

Oral care:

Mon Tues Wed Thurs Fri Sat Sun

Clean, New clothes:

Mon Tues Wed Thurs Fri Sat Sun

Laundry:

Mon Tues Wed Thurs Fri Sat Sun

PRODUCTIVITY BASED ACTIVITIES

Room Clean and Tidy:

Mon Tues Wed Thurs Fri Sat Sun

Meal Prep and Clean-Up

Mon Tues Wed Thurs Fri Sat Sun

Community Indirects :

Mon Tues Wed Thurs Fri Sat Sun

Recreational Programming:

Mon Tues Wed Thurs Fri Sat Sun

Vocational Activities:

Mon Tues Wed Thurs Fri Sat Sun

Groups:

Mon Tues Wed Thurs Fri Sat Sun

1:1 Meetings (SW/OT/Rec/voc/psychology/nrsg/Dr)

Mon Tues Wed Thurs Fri Sat Sun

Checking in with nursing staff:

Mon Tues Wed Thurs Fri Sat Sun

EXPECTATIONS

Wake up on own before 9:00am.

Come to Nrsg station daily on own.

Daily after 8:30am. Comb hair afterwards.

At least once per day recommend using mouthwash .

All Fresh, clean, new clothes daily following shower.

Laundry day is on Wednesdays and Saturdays. Ask staff for assistance if needed.

Daily: keep it tidy and clutter free, no garbage on surfaces or floor, deep clean weekly.

Attend dining room for all meals and snacks unless in another program. Clean up after eating.

Access community indirect privileges at least twice a week.

Attend recreational programming offered by RT on a weekly basis.

Daily vocational placement (TBD), include schedule

Attend Mental Health DMT groups every week on Tuesdays.

Monday – (RN)
Tuesday – (REC)
Wednesday – (SW)
Thursday – (REC)
Friday – (OT)

Check in with nursing staff in the afternoon to review prescription.

What is a functional script?

Based on the recovery model and recovery guidelines set by the Mental Health Commission of Canada¹, the functional script is a written reflection of your mental health care plan.

The functional script:

- Captures each person's **unique recovery goals** and the smaller steps that may be necessary to meet those goals.
- Is **collaborative**, meaning it is you and your health care team that create it.
- Is a tool that can help measure **your engagement** and progress
- Is a tool that can help with **clear communication** between you and your treatment team
- Can better inform the team when making decisions about care and progress

Growth is never by mere chance; it is the result of forces working together

- James Cash Penny



References

- 1) Mental Health Commission of Canada (MHCC). (2015). Guidelines for Recovery Oriented Practice. Retrieved from <http://www.mentalhealthcommission.ca/English/document/72758/guidelines-recovery-oriented-practice>



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Functional Prescription

What is it and why should I care?

Here is an example of what your functional script might look like

<p>SELF-CARE ACTIVITIES</p> <p>Breakfast Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p> <p>Laundry: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Get up for breakfast daily on weekdays.</p> <p>Minimum once per week.</p>
<p>PRODUCTIVITY BASED ACTIVITIES</p> <p>Room and Locker Clean and Tidy: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p> <p>Exercise Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Keep it tidy (make bed) and clutter free on a daily basis.</p> <p>Engage in physical exercise ___ x a week.</p>
<p>Community Indirects: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Access community indirect privileges minimum ___ x a week.</p>
<p>Vocational Activities: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Attend vocational activities at _____ ___ x a week on _____ and _____.</p>
<p>1:1 Meetings (SW/OT/Rec/psychology/Nrsg/Dr) Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Meet with _____ team once weekly.</p>
<p>LEISURE ACTIVITIES:</p> <p>Passive Leisure and Socialization: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Listen to music, tv, movies, attending sporting or community events etc...</p>
<p>Checking in with nursing staff: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/></p>	<p>Check in with assigned nurse once daily to review functional script. Actively seeking.</p>

What does it look like?

The most important part to know about the script tool is that it is **built by you and for you**, so your script will look different than someone else's! The functional prescription tool shows:

- The activities and goals you plan to complete week by week.
- Some of the factors that the ORB and the clinical team considers when judging your risk to the community.
- The functional script may also reflect the day to day realities and expectations of community partners (such as community housing) to help prepare you for discharge from the hospital and get you ready to live in the community.

What if my goals will take longer than a week?

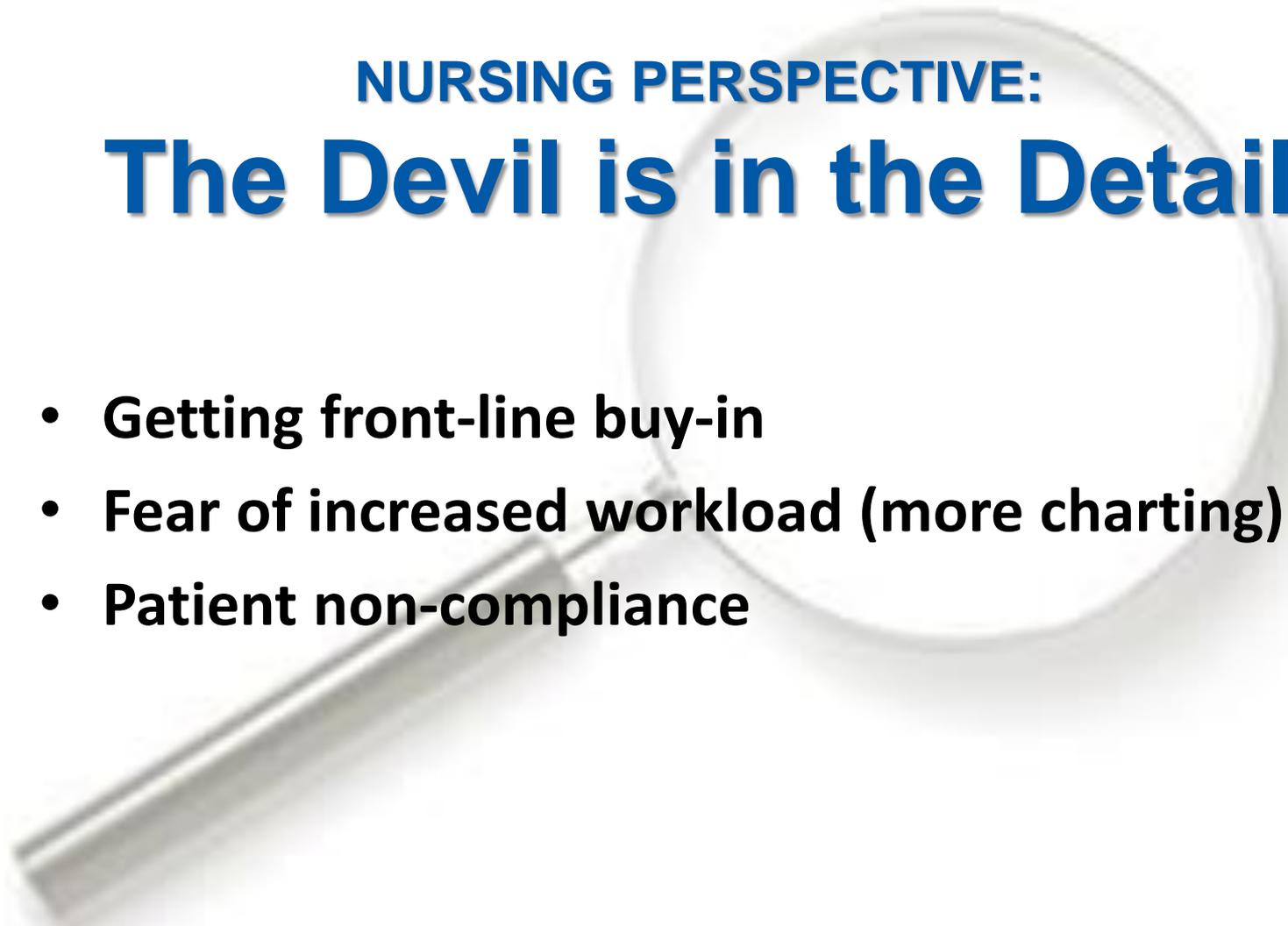
If you have bigger goals that cannot be completed in a week, the team may talk it over with you find the **steps needed to reach this goal.**

How do I get a Functional Script?

You and the team will talk about the development of a script at your case conference. You may decide you would like to ask about it, or the team may chat with you as to why the tool may be helpful in your care. The use of the functional script tool as a part of your care is your choice. If your choice is yes, this decision will trigger the beginning of your journey to develop a functional script.

Review and Change

Once your functional script has been put in place your will review your progress every care conference. As you progress or your goals change, your functional script will change with you. If for any reason your goals change, or you have concerns or questions about your functional script, you can bring them up at your care conference or to a member of the treatment team at any time.



NURSING PERSPECTIVE: The Devil is in the Detail

- **Getting front-line buy-in**
- **Fear of increased workload (more charting)**
- **Patient non-compliance**

NURSING PERSPECTIVE:

Challenges to the nursing culture

- Shifting workplace culture (medical vs recovery)
- Bridging the gap: us vs. them
- Improve nursing staff morale

Increasing structure → increasing engagement → increasing positive outcomes

NURSING PERSPECTIVE: Implementation of the tool

- **First script implemented on the floor December 2018**
- **3 paper copies**
 - **Template, nurse copy (working copy), and patient copy**
 - **Update nurse copy weekly in patient's chart/Kardex**
 - **Patient copy posted in patient's room**
- **Patient approach nurse during day to “tick” off items**
- **Moving forward**
 - **Conferences - assigned script leads**

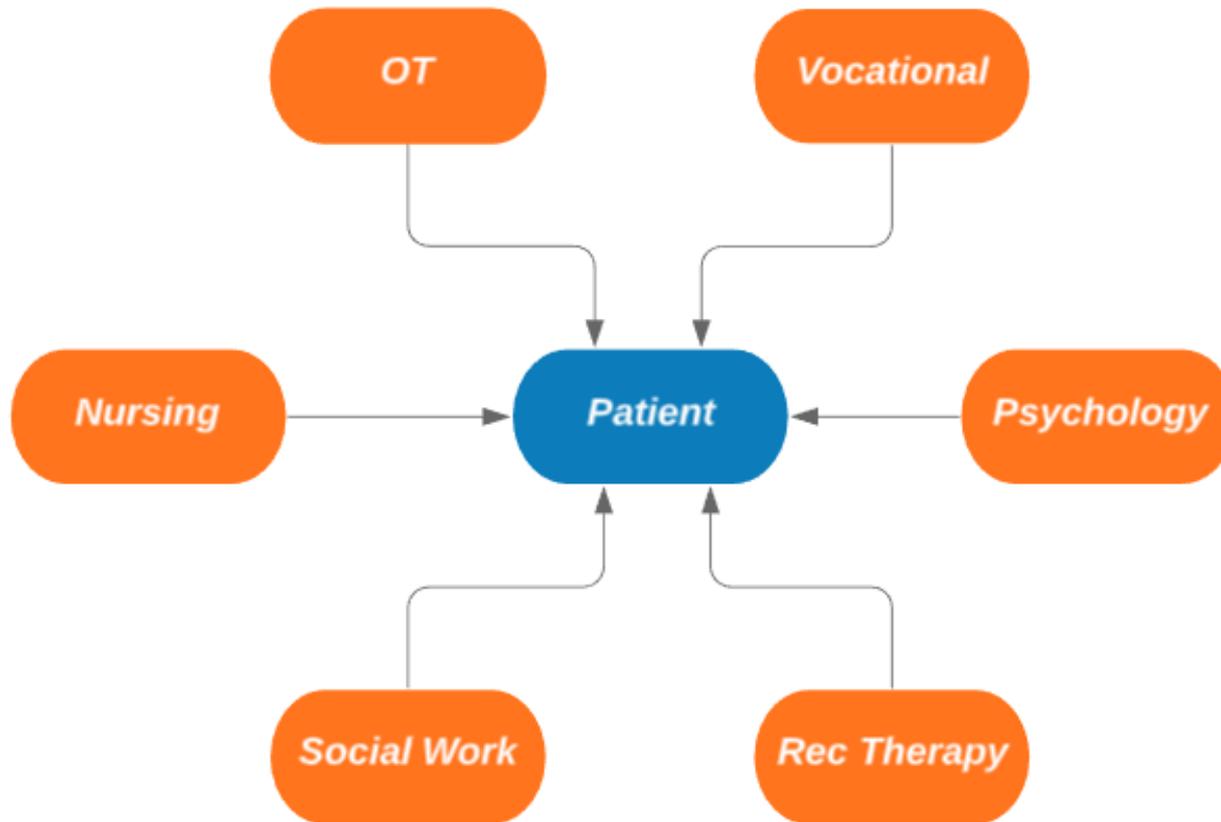
NURSING PERSPECTIVE:

Impacts on patient care

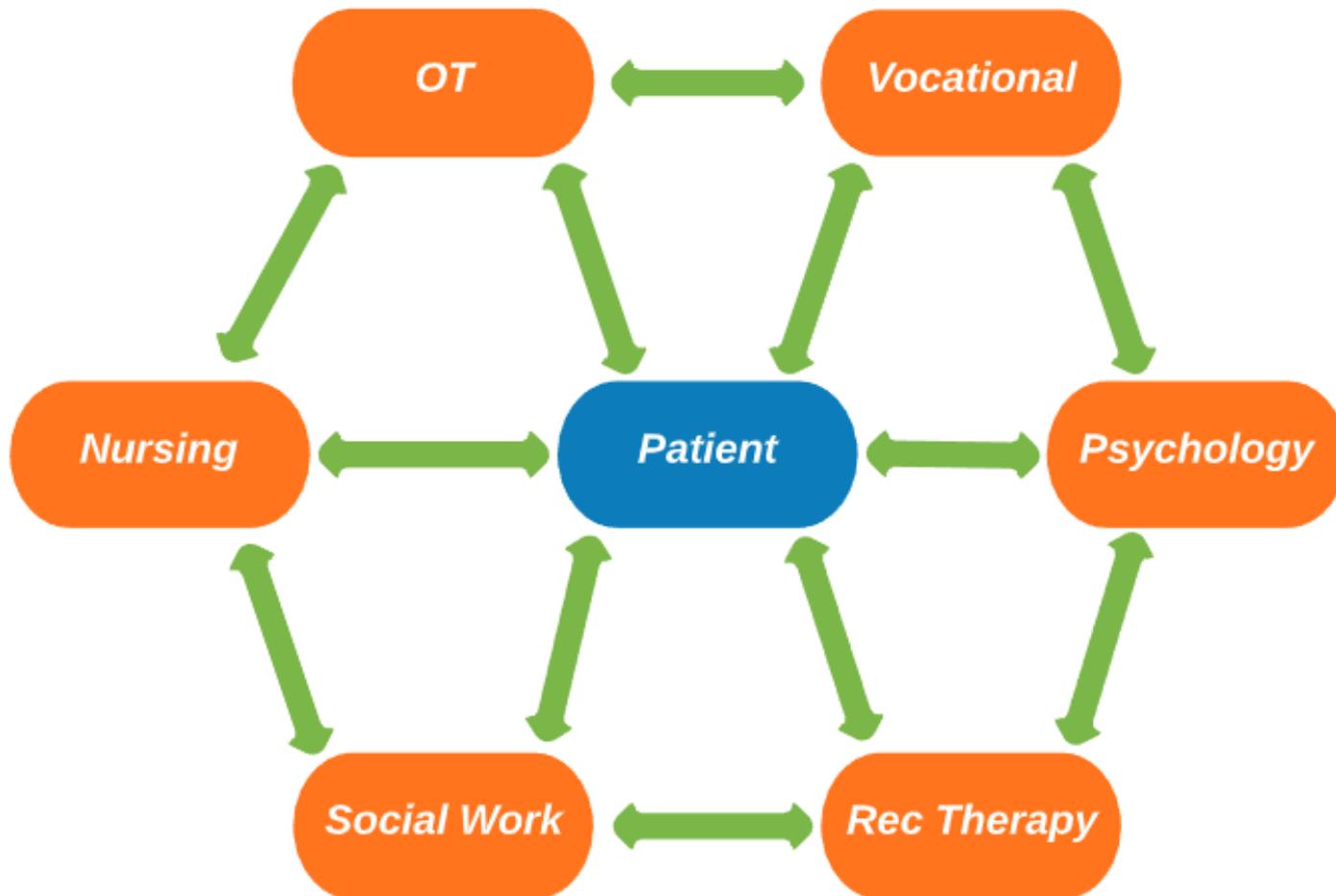
- **Patient enthusiasm**
 - **Patient request to start a script**
- **Nurse enthusiasm**
 - **Nursing staff suggesting that certain patients start a script**
- **Better communication between nursing, allied health, & patient**
- **Improving therapeutic relationships**

Improving relationships → improving communication → improving care

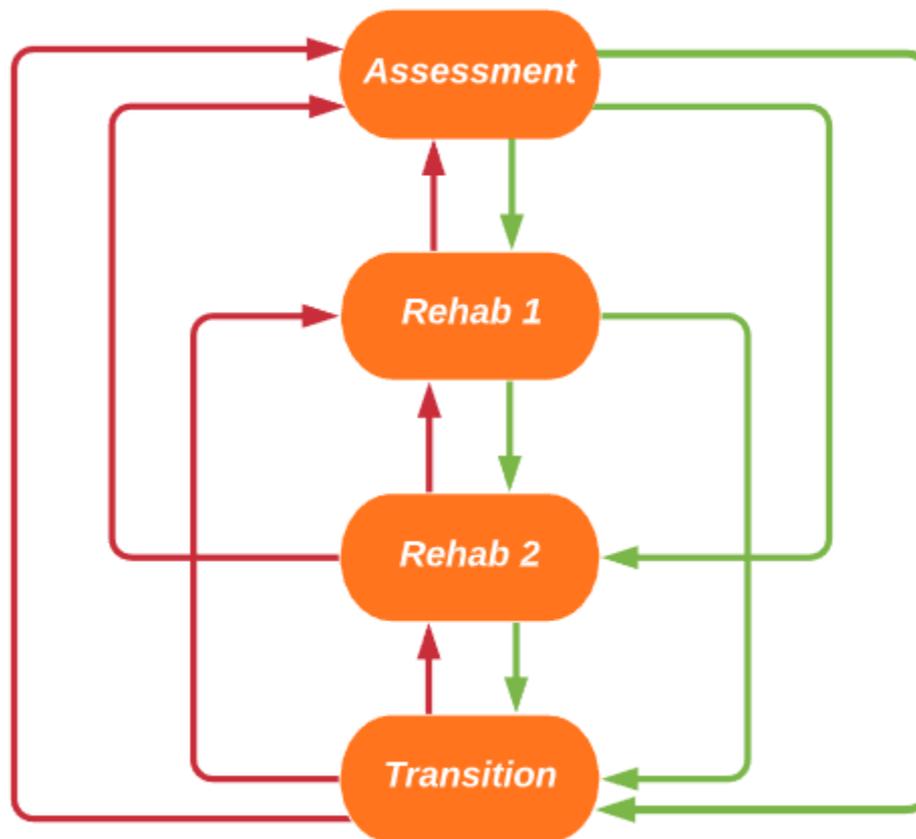
Historical Practice Anchored in the Medical Model



Communication Anchored in the Recovery Model

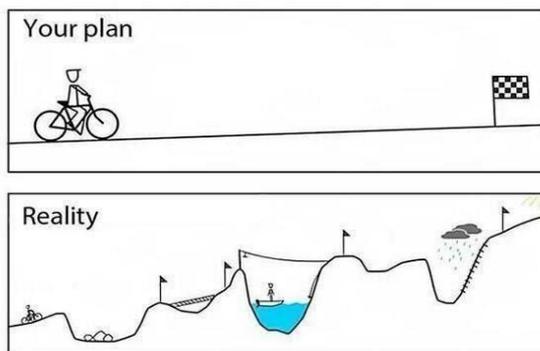


Recovery focused Navigational Pathway



Parameters for Script-Based Patient Flow

- Client to maintain 80% compliance with 'Script' during the reporting period (6-8 weeks).
- At least 2 weeks of full non compliance for regression
- Client may be moved back if below 80% compliance continues, following team follow up.
- Client may request alterations to 'Script', to better facilitate client goals.



Program Evaluation

- Program evaluation protocol recently approved by The Royal's REB - Data collection initiated recently
- Specific measures administered at baseline and every six months until client is ready or wishes to stop



Measures Completed by Clients

- Buss Perry Aggression Questionnaire (Buss & Perry, 1992)
- Patient Health Questionnaire-9 (Kroenke, Spitzer & Williams, 2001; Kroenke & Spitzer, 2002)
- Generalized Anxiety Disorder Scale-7 (Spitzer, Kroenke & Williams, 2006)
- Difficulties in Emotion Regulation-18 (Gratz & Roemer, 2004)
- WHO Quality of Life Scale-Brief (WHOQOL-BREF) (World Health Organization, 2004)
- Recovery Assessment Scale (RAS) (Giffort et al., 1995)



"Has your address, insurance, or family relationship changed since you started filling out these forms?"

Measures Completed by Team

- Social and Occupational Functioning Assessment Scale (SOFAS) (Goldman, Skodol, & Lave, 1992)
- Multnomah Community Ability Scale (MCAS) (Barker, Barron, McFarland & Bigelow, 1994; Barker, Barron, McFarland, Bigelow & Carnahan, 1994) – reviewed by the treatment team at case conferences
- Clinical Global Impression- Severity Scale (CGI-S) (Guy, 1976)
- RA will also compute aggressive incidents (AIS) and changes in risk (HARM and BRC4) (Cook et al., 2016; Healey, Ahmed, Laprade, & Seto, 201)



Where Are We At?

- Expansion to more units and various clinical profiles – and to the community
- Continuing to adjust and “smooth out”
- Continuing to encourage nurses “buy in” and philosophical shift
- Significant increase in team communication





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