



# “The Recovery Model and the Forensic Client: Opportunities and Challenges”

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# Agenda

- Needs of forensic population
- Who are they?
- Personal stories
- Issues and trends
- Myths and stereotypes
- Security or Care
- Care giver role conflict
- Recovery
  - Concepts
  - Barriers/obstacles
  - Moving towards recovery
  - Strategies



# Needs of Forensic population

- Vulnerable due to:
  - Academic skills and literacy
  - Economically disadvantaged- poverty
  - Involvement - child welfare system
  - Impulsive behaviour, interpersonal problems
  - Limited support networks- community/family
  - History of abuse, violence or conflict with the law
  - History of “hurt”
  - Additional issues- dual diagnosis or concurrent disorder
  - Caregiver and compassion fatigue



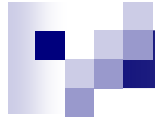
# Who are “Forensic” Patients?

A person directed to the hospital by:

- Courts
- Ontario Review Board
- Many charged with relatively minor offences
  - Not inherently different than those in civil system
  - In need of care and treatment of the facility
  - Not hospital role to “punish”



Individuals share their personal stories about recovery



How can I move forward when I  
am continually reminded  
of the past?




I can't fit in with the regular folks  
in the community...

It's hard to fit in the  
“normal people”




To be found not criminally responsible because of a mental disorder...what does that mean? That is a double whammy. It means you are “crazy and dangerous”





Why is it necessary to identify the crime with the illness? This further perpetuates that people with a mental illness are dangerous....



To this day, I still don't know if  
the crime was being  
schizophrenic, or, if it was the  
actual incident.



# Issues & Trends

- Forensic label - helpful or hurtful?
  - Stigma, labeling and impact on re-integration and recovery
  - Impact on access to community based care and treatment
  - Impact on discharge planning that includes support services
- Criminalization of the mentally ill
  - Behaviour related to illness viewed through lens of Criminal Code



# Issues & Trends

## ■ System Issues

- “Difficult client” is a buzz word
- Little time spent helping people “live beyond their illness” – people are more than a diagnosis
- Focus on “Risk management”- ethics of care

## ■ Public perception

- “Intolerance” for those with mental health issues who are in conflict with the law
- “Get tough on crime” approaches
- Media portrayals of individuals with mental illness

## ■ Protecting the public interest is paramount



# Myths and stereotypes

- More dangerous than others- violent
- Needs can be met in criminal justice system - “forensic system - gold standard of care”
- Entry point into the mental health system - “only way to get them help”
- Reality – continued stigmatization of forensic population (criminal and mental health)
- Reality - police are becoming mental health practitioners by default



# Security or Care

- When focus on “housing criminals” rather than caring for patients, environment changes
  - not supportive
  - not individual
  - not based on future wellness
- Focus on following the “rules”- compliance
  - creates institutionalization, not an ability to thrive in community
  - little focus on new skills but ability to “fit within the lines” of forensic unit - those best at manipulating system most likely to achieve good result



# Security or Care

- Risk management
- **LIABILITY** leads to universal policies that fail to work with individual needs
  - Become reactive to incidents
  - Stifles individual progress



# Care Giver Role Conflict

- Caregivers become people charged with reporting back to the Ontario Review Board
  - sense that one cannot share openly as will be used against them, can't risk it.
  - nursing notes become the case against, rather than progress reports
  - Feeling of being “set-up” by staff to fail





Recovery  
is  
Recovery



# Recovery does not...

- refer to an end product or result
- mean that you are “cured”
- mean that you are simply stabilized or maintained in the community
- mean that you have become “normal” or “rehabilitated”
- mean that others define what is “best for you”



# Recovery skepticism

- Is it a repackaged medical model?
- Is there anything behind the words?
- Language of the day?
- A “buzzword” that lacks substance?
- Does it really change how clients stories and lives are acknowledged?



# Who defines recovery?

- Who should define recovery?
- What do we need to understand about recovery?
- What does your recovery “blueprint” look like?
- Discussion



# Recovery is...

- Reawakening of hope after despair
- Breaking through denial
- Achieving an understanding of acceptance
- Moving from withdrawal to engagement
- Active participation in life



# Recovery concepts

- Recovery can occur without professional intervention
- Recovery is not a linear process
- Recovery is not a cure, it is a state of being and becoming, a path, rather than a destination
- Can occur even though symptoms re-occur
- Is highly individualized and a unique process
- Demands that the person has choices



# Recovery concepts

- The emotional essence of recovery is hope, a promise that things can and do change, that today is not the way it will always be (Anthony, 1993: Deegan, 1998)



What are the barriers  
and obstacles that  
hinder recovery?





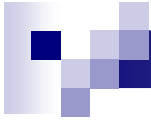
# What hinders recovery?

- Service mandates/systemic barriers
- Lack of recovery orientation
- Limited access to services and supports
- Attitudes, stigma and discrimination
- Lack of individualization
- Social segregation



# What hinders recovery?

- Cultural insensitivity
- Forced treatment
- Long hospitalizations
- Lack of holistic approach
- Paternalistic dependency
- Lack of consumer voice
- Limited housing and employment options



# Moving towards recovery



# Strategies to establishing and maintaining a recovery focus



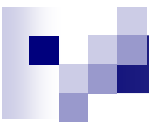
# Creating a recovery oriented model of care

- Examine the values and philosophy of care of program
- Explore and initiate strategies for client engagement
- Utilize a transparent complaints process
- Community support teams
- Establish Patient and Family Councils
- Peer Support Workers
- Self-help strategies
- Establish meaningful activities
- Create a physical environment conducive to recovery
- Create a client-centered environment



# Model of Care continued...

- Bill of Rights- make it visible
- Staff education with consumer involvement
- Public education to combat stigma and discrimination
- A rights protection focus
- Foster creativity and innovation (music/art)
- Mentoring and buddy programs
- Educational opportunities
- Consumer involvement at all levels of the organization



# What happens when individuals are not aren't supported in their recovery process?

- Cycle of disempowerment
- Loss of hope and future orientation
- Inability to “live beyond the illness”
- Helplessness
- Dependence
- Diminished quality of life
- Human cost
- Cost to the system
- Cycle of housed, hospitalized, homeless
- Criminalization
- Alienation from supports