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Karolina Piątek

Pedagogical-psychological and rehabilitation activities carried out in forensic mental health units

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Detention patients as recipients of pedagogical-psychological and rehabilitation measures

"There is a place in Poland, where people lose all their rights. It is a forensic unit in a psychiatric hospital, where only dangerous – sick and insane – criminals should be admitted" – this is how one of the TV stations has begun its show.

What exactly is detention? Court-imposed detention is when a person who has committed a prohibited act is committed to a suitable psychiatric institution, but court proceedings against such person was discontinued due an offence being committed in a state of diminished accountability (Gzocha P., Kurpas D., 2011, p. 315).

It is one of the preventive measures involving medical treatment or rehabilitation mentioned in the Polish Penal Code which states that: "If the perpetrator has committed a prohibited act of significant harm to the community, in a state of irresponsibility (...) and that there is a high probability that he will commit such an act again, the court shall commit him to a suitable psychiatric institution" (art. 94, § 1). Diminished accountability is defined in art. 31, § 1 of the Code: "Whoever, at the time of the commission of a prohibited act, was incapable of recognizing its significance or controlling his conduct because of a mental disease, mental deficiency or other mental disturbance, shall not commit an offence."

"Detention is not a penalty. It is imposed on persons who due to a mental disease, mental deficiency or other mental disturbance are highly likely to commit again a prohibited act of significant harm to the community. The court, having heard the opinion from psychiatrists and a psychologist, and if they deem such detention as no longer necessary, shall decide on the release from the institution (Ibidem, p. 315 after: Hajdukiewicz D., 2001).

Detention units are Forensic Units in Psychiatric Hospitals. There are three categories of security in these facilities: basic (low), reinforced (medium) and maximum (high).

Reinforced security units have patients who have committed prohibited acts with significant harm to the community and who have been committed by the court to a closed psychiatric institution. They require special conditions of treatment, in properly equipped and adapted psychiatric wards (Journal of Laws of 2008, No. 164, item 1027, with later amendments).

J.K. Giernowski (2012, p. 44) writes that the so called forensic patients are a very unique group, subject to double stigmatization. On the one hand, they are seen as mentally ill – "insane", on the other hand, as those who have seriously violated the legal order – "criminals". For this reason, possibly clear conditions and rules need to be ensured for their therapy. Also, pedagogical-psychological and rehabilitation activities like, for example, **psychotherapy and psychoeducation** must be implemented.

Types of pedagogical-psychological and rehabilitation measures

During centuries, there were different concepts of "insanity". The religious concept emphasized its supernatural – divine or demonic – character, the biomedical approach assumed cerebral origin of psychopathological phenomena, whereas social theories interpreted "insanity" as the product of culture, which allowed to exclude social deviants. It is considered that the "great detention" – the concept of isolating the "insane" emerged in 1656 when the decree of founding the General Hospital of Paris was issued. This exclusion became literal, physical, in the form of "asylum" described as total institution. Thanks to Pinel's advocacy, the mentally ill were unshackled in 1793, however, a new form of exclusion began in hospitals which remained within the health care structure ensuring that sick individuals were kept separate from the community of mentally healthy people. Large facilities, asylums with thousands of beds have for long been separating "normal" from "insane". These institutions have survived until today under different names like care and treatment centers or social assistance homes for mentally ill (depending on their organizational and financial setting). After the World War II, the concept of therapeutic community had a great influence on medical professionals working in psychiatric hospitals and became the starting point for the psychiatric treatment reform implemented in 1960s in Europe and the U.S. Hospital lost its central position and therapy moved to patient's place of residence, certain municipality or city district, that is, their local environment.

The scope of "rehabilitation" has expanded significantly during the last 30 years and psychiatric rehabilitation has been rapidly developing along with successive revolutions in psychiatry. The goals and methods of rehabilitation activities (hitherto carried out in hospitals), including occupational therapy and art therapy, have changed completely and patients have been included in the life of big institutions through gardening or agricultural works. From the very first days of recovering from acute mental health crisis patients should participate in an individual rehabilitation program which is often continued for years as non-hospital care.

At present, rehabilitation practice in psychiatry has shifted from the somatic "model of illness" towards functional disability which is evaluated not only based

on clinical signs but also on individual's social functioning, especially their social relationships, work, ways they spend their leisure time, quality of life and burden placed on their family.The Resolution of the Minister of Health of 8 April 2014 on Rehabilitation Activities Organized in Psychiatric Hospitals sets forth: "the goals, types, scope and duration of rehabilitation activities carried out in psychiatric hospitals further referred to as "rehabilitation activities"; ways of conducting and documenting rehabilitation activities; ways of rewarding participants of rehabilitation activities." According to the Resolution, the goal of rehabilitation activities is to:

1. mitigate symptoms of disease and prevent the relapse;
2. teach patients active participation in their own therapy;
3. teach and improve skills: a) social, b) practical, including self-care;
4. search for adequate forms of personal development and support it;
5. initiate or strengthen social integration;
6. support and educate patients' families.

The following types of rehabilitation activities are then described:

1. group or family sessions;
2. education and psychoeducation;
3. occupational therapy;
4. social skills training;
5. art therapy;
6. movement therapy.

Depending on the type, rehabilitation activities involve:

1. psychological support sessions – empowering patients to solve emotional and interpersonal problems, deal with crisis situations; patients' families also participate in these activities;
2. education and psychoeducation – providing patients with basic information about their disorders; 3) occupational therapy – depending on patients' needs and abilities, practicing concentration and ability to perform certain actions in the right order to complete specific tasks;
3. social skills training – adapted to patients' needs and abilities, trainings in self-care skills, problem solving skills and strategies of coping with problems resulting from the treatment process;
4. art therapy – learning and developing various forms and techniques of art, which support personal development of the patient;
5. movement therapy – sport activities, tourism and recreation (Journal of Laws of 2014, item 522).

One of the extremely important form of activities carried out in psychiatric hospitals is *psychotherapy*. According to the above mentioned Resolution, psychotherapy (even though it is not named directly therein) consists of certain components which are common for different forms of this process and are essential for its success.

J. Strojnowski defined psychotherapy as "intended and systematic process of interactions, developed between a patient and a therapist or a therapeutic group to eliminate this patient's communication disorders, incorrect mental processes or somatic disorders and to achieve better social adaptation. The further goal of

psychotherapy may be the improvement of personality structure and stimulation of development abilities of the patient (1985, p. 28).

J. Aleksandrowicz (2000, p. 11-12) describes psychotherapy as a form of social activities "which are undertaken to correct experience and behavior disorders, eliminate the symptoms and causes of an illness including those personality traits which cause the disorders. These activities, which influence the functioning of organs, experience and behaviors through modifying patient's mental processes, are performed within an interpersonal relation between two individuals or in a group where the psychotherapists treat several persons at the same time."

Despite differences in definitions of psychotherapy, its most important element is change. The role of psychotherapy is to generate changes which, in turn, will allow to remove or mitigate the symptoms of the disease (Czabała J.Cz., 2010, p. 19).

Summarizing the results of psychotherapeutic research, J.Cz. Czebała (1994, p. 35) concludes: "there are more and more reports about the occurrence of the so called common factors identified in different psychotherapeutic approaches, which are therapeutic even though they are not considered central to specific therapeutic orientations. The search for these common factors begins to dominate in contemporary research into psychotherapy. The results indicate that in every psychotherapeutic process investigated there are similar interpersonal, social and emotional factors which contribute more to therapeutic change than therapeutic techniques."

These common therapeutic factors include:

- hope – expectation to receive effective support, positive expectations regarding the results of own actions and future, faith in therapy, optimism;
- greater awareness, understanding of unclear and concerning aspects of self, understanding others, understanding own present situation connected to own mental condition;
- sense of self-empowerment – positive self-evaluation, sense of personal worth;
- emotional mobilization and commitment – adequate level of emotional tension, experiencing mobilizing emotions;
- response – catharsis, venting, emotional relief, discharge of emotions, receiving understanding and confirmation that emotions experienced are natural and right;
- collective emotional experience – experience which does not confirm negative expectations and harmful patterns and, thus, leads to change, facilitates learning new ways of reacting and experiencing;
- sense of connection with others – sense of bonds with other people, belonging;
- sense of support from others – one feels understood, experiences a positive relationship with the therapist;
- identification with therapist – focus on the role of unconscious processes which reinforce patient's sense of empowerment;
- confrontation with reality – confrontation with the problem, realistic view of the situation, reduction of unrealistic fears;
- sense of meaning – attributing meaning to one's personal experiences, viewing critical situations as meaningful in the context of own life and experiences;

- sense of humor – cheerful mood, a way to facilitate social interactions and receive support (Motyka M., 2003, p. 60-63).

One of the main goals of psychotherapy is to integrate different behaviors, experiences, emotions and cognitive processes in a coherent adaptive system (Majchrzak, 2015 p. 81 after: Johnon SM, 2012).

The development of this system is extremely important when working with detention unit patients. It is so because the goal of this work is to help ill persons return to the society and re-adapt to life within it as best as possible. But first, such patients need to integrate their inner processes.

Mental disorder therapy commonly recognizes pharmacovigilance and psychotherapy as two important and jointly used forms of treatment. For example, when treating schizophrenia pharmacovigilance is commonly accompanied with regular psychosocial therapeutic activities like psychotherapeutic interventions, family therapy or social skills trainings. One of the main psychotherapeutic methods are psychoeducational activities addressed to patients and their families (Kasperek B., Michałowska J., Sala P., Spiridonow K., 2000, p. 63-88).

Psychotherapy is described as using methods, techniques and educational programs to help patients recover or minimize the effects of illness (McFarlane W.R., 1983). Psychoeducation focuses on active transfer of information between individuals and discussion about the general aspects of certain disorders. The main goal of psychoeducation is to mitigate the course of illness through the transfer of knowledge and methods to cope with the disorders, building the culture of dialogue and developing empathy towards participants' emotions.

Psychoeducational activities involve providing insights and using therapeutic strategies to improve skills and functioning of people suffering from, e.g. schizophrenia. Such activities refer to individual stories of the patients and engage them on the cognitive and emotional level. Psychoeducation is not only about providing information; it is an interactive process with elements of psychotherapeutic strategies (Chądzyńska M., Meder J, Charzyńska K., Drożdżyńska A., 2011, p. 201).

Psychoeducation has numerous definitions, from a wide range of therapeutic activities connected with providing information about an illness, to approaches focusing on specific goals, for example relapse prevention (Czernikiewicz A. 2006, p. 101-126).

McGorry (after: Chądzyńska M., Meder J, Charzyńska K., Drożdżyńska A., 2011, p. 202) identified goals of psychoeducation addressed to persons with early psychosis. They are: integrating illness-related experiences into patient's individual way of interpreting the world, development of subjective and objective strategies to gain control over psychosis and its consequences, protection of the image of self against negative changes caused by psychosis (they may be related with social roles, interpersonal relations, plans).

According to B. Grabski & G. Mączka (2010), the goals of psychoeducational practices are to:

- educate participants about the important challenges of everyday life;
- help participants to develop social support and resources which enable them to deal with these challenges;

- develop coping skills to overcome these challenges;
- develop emotional support;
- reduce stigmatization;
- change participants' attitudes and beliefs about the problem;
- identify and explore feelings connected with the problem;
- develop problem solving skills;
- develop crisis intervention skills.

The authors (Grabski B, Mączka G, Dudek D., 2007, p. 35- 41) also conclude that effective psychoeducation:

- provides specific information about the problem;
- offers practical strategies to change behaviors;
- improves self-esteem thanks to access to resources which enable patients to take care of their needs;
- improves stress resilience through acquisition of new coping and problem solving skills;
- helps develop new social networks;
- teaches participants new (professional) language which helps them better understand different aspects of their problem;
- deconstructs myths about the certain issue;
- sets more clear boundaries between participants, their loved ones and professionals;
- improves communication skills, which helps in problem solving;
- reduces barriers to individual change or a change within a family system, by raising awareness about the resources and alternative ways of thinking reduces stigmatization and anxiety;
- instills hope in participants.

Many authors point out that psychoeducation is a basic therapeutic intervention in modern therapy of all mental disorders, in particular the most severe, chronic and recurring ones (e.g. depression, schizophrenia, bipolar disorder, anxiety disorder as well as anorexia and other eating disorders) (Mączka G, Grabski B, Gierowski JK, Dudek D., 2010, p. 89-100).

There are also other, commonly recognized and constantly developed rehabilitation methods. A. Cechnicki (2015) lists the following ones:

1. social skills (social competence) training – includes competence in all areas of life, which are necessary for independent functioning;
2. art therapies – contact with arts and creativity produces inner images, unspecified ideas, phantasies and emotions. The therapeutic value of art is connected with the opportunity to express oneself through a symbol – a color, a sign, a character. Thanks to its impact and ambiguity, the symbolic reality is a perfect space to stimulate projection of repressed feelings. It can reveal traumas, unconscious conflicts or complexes. It also facilitates the development of creative abilities.

For decades, the main four methods of rehabilitation through art have been developed: music therapy, painting, drama therapy and choreotherapy (dance

therapy). According to the author, using art in therapy of people with mental disorders and releasing their creativity has three roles:

- thanks to opportunity of free expression it may bring relief, help to express experiences which are hard to describe in words. Locked in their imagination, delusional and closed world, patients often feel misunderstood and unsafe; creative activities are a form of releasing the tension, a conversation with the self;
- it is a form of communicating with the world. It brings others closer to the patient's world. Artistic works of patients may help to identify their feelings and thoughts more clearly and provide the grounds for therapeutic conversation. Art can be a bridge between the external world and the patient's reality, it may also be a refuge from difficult thoughts, situations. In the artistic realm created by patients, everything depends on them, they re-gain the sense of having influence on their own life, contrary to the feeling of pressure from the surrounding reality, produced by illness;
- it awakens the creative potential and becomes the path to recovery. Releasing one's own creative abilities not only brings relief and joy but may also motivate to live and act, not only in the field of art;

3. occupational therapies – among many rehabilitation methods, there are some with particular importance: occupational therapy and professional training after being discharged from the hospital, implemented in occupational therapy workshops, vocational rehabilitation units, social cooperatives and social enterprises. Occupational therapy workshops are integrated with a wider care system which, in addition to providing a job, involves treatment and psychotherapy. These facilities can have training-rehabilitation units where the participants learn certain professions, often with the possibility to complete apprenticeship outside the workshop, as well as traditional occupational therapy workshops. Patients also take part in additional activities, according to their individual rehabilitation plan, for example, computer course, language lessons, painting or drawing course, drama groups.
4. sports – indoor and outdoor activities to improve fitness. The above mentioned methods are used as part of individual rehabilitation program which uses all these forms and integrates them with pharmacovigilance and psychotherapy (Cechnicki A., 2015).

The studies conducted in 2019 showed that "the vast majority of patients willingly participated in psychiatric rehabilitation classes. Educational classes conducted by nurses in the form of educational lectures turned out to be the most popular form of rehabilitation classes at the forensic psychiatry department. They needed these activities in the pine trees of patients and constituted a valuable source of information about health. A large group of patients noticed the positive impact of rehabilitation activities on their personality or life and intend to use the acquired skills in the future" (Fojcik J., Romańczyk M., Surma S., Krupka Matuszczyk I., Krzystanek M., 2021, p. 2).

Conclusions

All the above mentioned practices are extremely important in preventing the consequences of restricted patients' activity and restoring their physical, mental and social abilities. They increase their self-esteem, independence and agency and prevent the results of stigmatization by decreasing its impact and internalization. As a result, the return to harmonious functioning in the society becomes possible.

It should also be emphasized that all solutions addressed to patients in forensic mental health units "should be implemented according to the state-of-the-art in medical and psychological knowledge, with respect to all contemporary principles and procedures, within the system which by its nature and in accordance with the existing knowledge is a complex and interdisciplinary therapeutic model. Thus, it is about considering the most relevant therapeutic standards and the only limitations in using them may result from the necessary safety measures applied to protect the society from the risk posed by perpetrators who have mental disorders and undergo psychiatric treatment" (Gierowski J.K., 2015, p. 3).

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Rozporządzenie Ministra Zdrowia z dnia 10 sierpnia 2004 r. w sprawie wykazu zakładów psychiatrycznych i zakładów leczenia odwykowego przeznaczonych do wykonywania środków zabezpieczających oraz składu, trybu powoływania i zadań komisji psychiatrycznej do spraw środków zabezpieczających (Dz. U. z 2004 r. nr 179, poz. 1854).

Pedagogical-psychological activities carried out in forensic mental health units

Abstract

Mental disorders are a very common group of disorders. They limit a person's ability to perform social roles and cause various reactions of the society. They are very common, even in highly developed countries. They are also highly excluding illnesses. The research shows that today's civilization is not free from stereotypes regarding mental disorders. Pedagogical-psychological and rehabilitation practices among patients in forensic mental health units should be effective. The author presents the types of activities addressed to inpatients of these detention wards in psychiatric hospitals.

Keywords: mental illness, psychoeducation, psychotherapy, detention

Karolina Piątek, PhD
Institute of Educational Sciences, Pedagogical University of Krakow, Poland
e-mail: karolina.piatek@up.krakow.pl
ORCID: 0000-0003-4251-0108