PREVENTION OF RECIDIVISM SUPPORT FOR COMMUNITY-DWELLING FORENSIC PATIENTS - ASSESSMENT ITEMS FOR CHANGES IN THE PATIENT'S CONDITION PRECEDING THE APPEARANCE OF SYMPTOMS DEVELOPED IN THE PATIENT-NURSE RELATIONSHIP

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Abstract

Prevention of recidivism in community-dwelling forensic patients is an important task for nurses. This study aimed to clarify how assessment items for change in the patient's condition are developed between patients and nurses. It also aimed to clarify assessment items for changes in patients preceding the appearance of symptoms that lead to offending behavior.

The processes in the development of assessment items for changes in the patient's condition in the patient-nurse relationship were: "Evaluation of assessment items between patients and nurses", "patient-initiated assessment", and "sharing of assessment results between patients and nurses". The assessment items for changes in the patient's condition were "changes compared with usual life", "identification of difficulties in the patients' lives", and "identification of factors that trigger symptoms".

Key words : forensic patient, risk management, patient-nurse relationship, recidivism

Introduction

Nurses who support forensic patients in the community are expected to support them to avoid recidivism. To prevent recidivism, nurses are required to be able to assess changes in the patients' condition that may lead to symptoms, because the risk of violence increases with the appearance of symptoms in persons with psychiatric disorders[1], and because if nurses respond after the appearance of symptoms, they may not be able to intervene in time to prevent recidivism.

There have been various studies on assessment of the risk of violence and aggression related to recidivism in forensic patients. The use of a risk profile has been reported to be effective for assessment of the risk of violence[2]. Since enhancement of the patient's aggressiveness is dynamically interrelated to violence, it is necessary to monitor the risk of violence[3]. There have also been studies of early signs of aggressiveness in inpatients. Fluttert et al. (2010) suggested that analysis of early warning signs and cooperation between nurses and patients in subsequent implementation of preventive measures may reduce cases of aggressiveness in inpatients[4].

However, studies of changes in the patients' condition that may lead to symptoms have

been extremely scarce. In addition, studies of the processes of development of assessment items concerning changes in the patients' condition in the patient-nurse relationship from such viewpoints have also been scarce. Therefore, this study was carried out to clarify how items of patient assessment are developed between patients and nurses. The study also aimed to clarify assessment items concerning changes in patients before they develop symptoms that lead to offending behavior.

Methods

Recruitment and participants

The inclusion criteria for study participants were (1) nurses or managers with professional qualifications to guide nurses in forensic community mental health and (2) nurses recommended by the chief executives of the institutions to which the study participants belonged as individuals with rich experience in supporting patients in forensic community mental health.

To recruit nurses who fulfill the inclusion criteria for participation in the study, we explained this study in writing to the nursing directors of the forensic psychiatric hospitals with a visiting nursing division or the superintendents of the parent organizations of visiting nurse stations. Five nurses consented to participate in the study. Table 1 shows the attribute data of the study participants.

Table 1. Participant characteristics

Sex	
Men	1
Women	4
Age	
Average	41.4
Length of experience in home- visit psychiatric nursing services	
Range(years)	4-7
Qualification / Position	
Certified nurse specialist for psychiatric nursing	1
Certified nurse	1
Facility management	3

Data Collection

The researcher had a one-to-one semi-structured interview with each of the study participants. To clarify how patients receiving forensic community mental health support and nurses assess changes in the patients' condition before the appearance of symptoms, questions were asked in an open-ended interview using an interview guide. First, the question, "How was the method to assess the patient's condition before the appearance of symptoms that lead to recidivism developed in the patient-nurse relationship?" was asked, and the participants were allowed to talk freely. In the course of the interview, the questions, "From what viewpoints do you observe the patients' conditions?", "From what viewpoints do you assess the patients' conditions?", "How do you discuss the points of observation and viewpoints of assessment of patients' conditions in your relationships with patients?", "How do you cooperate with patients to assess the patients' conditions?", and "Do you ever intervene in (make approaches to) patients?" were asked. With the consent of the study participants, the interviews were recorded with an IC recorder, and word-for-word transcriptions were prepared.

Data were collected from February 2016 to May 2019. Each study participant was interviewed once, and the duration of the interviews was 53-67 minutes.

Data Analysis

The researcher analyzed the data obtained from the talks of the nurses using the method of qualitative analysis. First, the researcher read the data of the talks of the nurses carefully and extracted parts relevant to the objective of the study. The fragmented data were summarized and coded by appropriately paraphrasing them. Differences and similarities of the prepared codes were compared, the codes were classified, and categories were developed and named using terms that represented the meanings and contents of the classified codes.

Ethical Consideration

In requesting the cooperation of the study participants in the study, the objective and significance of the study, study methods, advantages and disadvantages of participation in the study, voluntariness of participation in the study, freedom to drop out from the study, protection of personal information, and handling of the research results were explained orally and in writing, and their consent to participation was obtained. Interviews were scheduled in time periods that did not interfere with the ordinary duties of the study participants and conducted after telling them that they could decline to talk about matters that they would not like to talk about. This study was carried out with approval by the Medical Research Ethics Committee of Nara Medical University.

Results

1. Development of assessment methods between patients and nurses

The patients and nurses evaluated assessment items for capturing changes in the patients' condition. The nurses then asked the patients to examine whether the evaluated assessment items fitted their conditions. The assessment items thus derived were shared between the nurses and patients. (Table 2)

Evaluation of assessment items between patients and nurses

The nurses evaluated and developed assessment items that reflect the patients' condition with the patients. Then, they compared the nurses' evaluation and patients' self-evaluation and refined the assessment items to be used in common by the patients and nurses.

To develop tools that can be used for both objective and subjective evaluations, observation items for the judgment of changes in the patients' conditions are prepared with patients. We look at the paper showing observation points and mutually evaluate them. If our evaluation differs from the patients' evaluation, we will modify it by discussing the causes of the differences with the patients. (Nurse 4)

Patient-centered assessment

The nurses considered the patients' subjective feelings about changes in their condition to be important as assessment items. The nurses thought that the patients' subjective feelings are necessary to detect changes in the patients' condition. Therefore, the nurses encouraged the patients to evaluate the assessment items by themselves.

I encouraged the patients to check good conditions, conditions that need attention, and conditions that require hospitalization by themselves every day. I tried to direct their attention, particularly, to good conditions. If good conditions are clearly perceived, changes from good conditions can be perceived more readily. (Nurse 3)

Sharing the assessment items between patients and nurses

Nurses thought that they tend to impose their assessment of the patients' conditions on the patients and provide support according to the assessment. However, they considered that the patients are the main players in their lives in the community and that it is necessary for the patients to take the responsibility of observing and evaluating their own conditions by themselves. The nurses tried to share the results of patient-initiated observation and assessment of their own conditions with the patients and develop the assessment items as common perceptions.

We nurses are very likely to believe all our assessments to be correct and try to persuade the patients. Which is responsible? Which is the main player? Who takes care of the matter? I think it is important for patients themselves to make decisions and act in the community. For this purpose, we encourage the patients to use the observation items that we have developed together for their self-assessment. Then, we have to share the assessment items. (Nurse 1)

Table 2. Development of assessment methods between patients and nurses

Categories	Codes	Number of codes
Evaluation of assessment items between patients and nurses	Making observation items of the state together	6
	Discussing what happens when patients get frustrated	
	Checking each other's words when the condition worsens	
	Checking each other's caution signs	
	Checking with the patient the observation items made by the nurse	
	Creating a tool that can be used both to evaluate others and self-evaluate	
Patient-centered assessment	Patients are aware of their good condition and check for changes from that condition	2
	Monitoring your crisis plan yourself	
Sharing the assessment items between patients and nurses	Sharing dangerous signs	4
	Asking the patient to tell the patient what caution signs they are aware of	
	Sharing the observation items created with the patient	
	Sharing patient-specific language associated with changes in condition	

2. Contents of the assessment items developed between patients and nurses

The nurses found assessment items to detect changes in the patients' condition together with the patients. Changes and difficulties in the patients' lives and factors that would trigger symptoms were identified as assessment items. (Table 3)

Changes from usual life

According to the nurses' reports, the patients considered that subtle changes occur in their condition before the appearance of psychiatric symptoms that may lead to offending behavior. The nurses thought that they bring about changes from a good condition in the patients' usual lives.

I am carefully observing the patients' seemingly comfortable lives. I learn about what they enjoy and what they do when acting on their own will. I convey these seemingly comfortable lives to the patients to make them virtually feel them. This helps them notice changes in their lives if any occur. (Nurse 1)

If there wer changes in condition before the appearance of symptoms that lead to offending behavior, patients would stop clearing up after meals or begin littering out of the waste basket even if they managed to maintain their usual lives. (Nurse 2)

Identifying difficulties in daily life

The nurses thought that if some difficulty occurs in the patients' lives, it triggers changes in their mental condition. Therefore, they thought that it is important for patients to be aware of difficulties in their lives.

After all, what patients are troubled with (I heard this during consultations) is that they want help with problems in their daily lives like, "I have to attend a funeral tomorrow, but I am not sure what I should wear." Unless we support patients by understanding this, patients say, "My worries are increasing, and I occasionally have auditory hallucinations." (Nurse 5)

Identifying factors that trigger symptoms

Nurses said that it is necessary to identify factors in patients that trigger the occurrence of symptoms. Examples of such factors were factors in the patients' environments.

The environment was terrible, and there was no air-conditioner. In summer, the room temperature would go up to 40 degrees. So, the windows and door were left open although mosquitos came in. This meant that there was loud noise from the neighborhood, and people passed by in front of the door. And, in the back of the house, there was a garden with a dense growth of trees like a wood. Lots of mosquitoes come from the garden, and that probably was quite stressful. I check if such environmental factors are causing stress. If I can identify factors of

Table 3. Details of the assessment items developed between patients and nurses

Categories	Codes	Number of codes
Changes from usual life	A good living condition changes for the worse	7
	Eating habits get worse	
	What I cook for myself changes to instant food	
	It used to be organized, but it's getting messy	
	It becomes impossible to clean up after meals, and garbage is scattered	
	There are rules even in a dirty room, but those rule disappear	
	The patient had the curtain open but closed it to make it darker	
Identifying difficulties in daily life	Identifying the increasing number of complaints about life problems	3
	Identifying worries about common sense in daily life to be the subject of consultation	
	Observing what you are having trouble with in your life	
Identifying factors that trigger symptoms	Overwork is the cause of fatigue	2
	Poor environment that triggers stress	

stress, I try to share what I have learned with the patients. (Nurse 5)

Discussion

To reduce recidivism of forensic patients, it is essential to create a therapeutic relationship between the patient and nurse[5]. The development of assessment items concerning changes in the patient's condition by nurses in cooperation with the patient is considered to contribute to the creation of a therapeutic relationship between the patient and nurse, which leads to the prevention of recidivism. Also, if risk management were dependent on the supporter's initiative, it would impair the patients' will and sense of responsibility and interfere with their recovery[6]. The nurses are considered to have approached the patients on the understanding that patients are willing to have the understanding about assessment items shared with them.

The nurses said that changes in patients appear in the patients' lives before the occurrence of symptoms. Life is a series of processes of thinking on one's own, selecting, making decisions, and acting[7]. Therefore, problems and difficulties that have occurred in patients are considered to be reflected in the patients' lives. For this reason, the nurses are considered to have focused on the patients' lives in finding assessment items.

Fluttert (2012) studied early signs of aggressiveness in forensic patients and reported that many "changes in daily life" were observed as such signs in inpatients[8]. The results of our study indicated difficulties in daily life and changes in usual life as assessment items, and this view is supported by Fluttert's results[8].

A risk assessment tool for violence is Historical, Clinical, Risk Management 20 (HCR-20)[1]. The validity of HCR-20 for prediction of recidivism has been established not only in psychiatric[9][10] but also forensic[11][12][13] patients. HCR-20 is effective as a risk assessment tool for the aggressiveness of patients. In HCR-20, active symptoms are included in the assessment items, and high scores in these items are considered to indicate a high risk of violence[1]. However, in this study, we focused on changes in the condition of community-dwelling patients before the appearance of symptoms. The results of the present study are novel in this respect. Moreover, it has been reported that early signs of aggressiveness are perceived by the patients themselves and noticed by supporters near the patients[14]. Therefore, developing assessment items between patients and nurses was an appropriate approach. This study, investigated how assessment items are developed by patients and nurses together, and the results are considered to be useful for nurses in practical situations. Furthermore, if it is possible to assess changes in patients before the appearance of symptoms, it may lead to earlier introduction of support for the prevention of recidivism.

Conflict of interest

The author reports no conflict of interest. The author alone is responsible for the content and writing of the paper.

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