

Forensic Patients' Perceptions of Michael's Game: A Cognitive Behavioral Therapy Method

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ABSTRACT

In the past several years, there has been a severe rise in the need for more competency restoration treatment for forensic patients. The lack of treatment being performed promptly has led many states, including Alabama, to face class action lawsuits. This raises the issue that many individuals are stuck waiting in correctional facilities while waiting for spots in forensic hospitals to become available, where competency restoration treatment will be performed. Research suggests that in addition to medication, and traditional competency restoration groups, Cognitive Behavioral Therapy (CBT) can provide many benefits in competency restoration. Previous research also emphasizes that patients who enjoy their treatment are more likely to improve clinically (Miles, 2007). However, there is a lack of research that looks at patients' perceptions of the treatment and therapy that they receive.

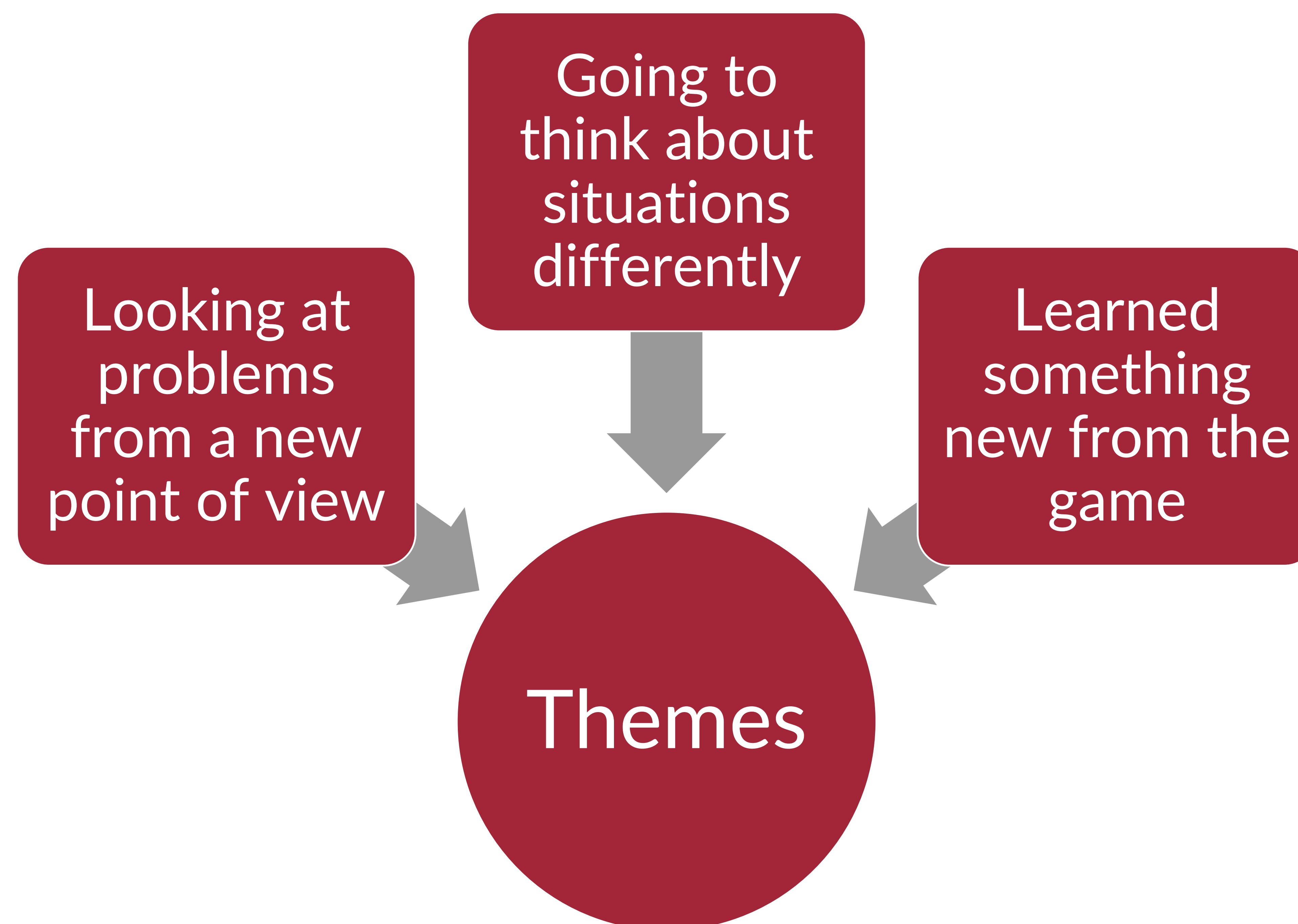
MICHAEL'S GAME

Michael's Game was created based on Cognitive Behavioral Therapy (CBT) techniques. Michael's Game aims to reduce psychotic symptoms in those suffering from various psychotic disorders. In addition, this treatment seeks explicitly to reduce delusions and hallucinations in patients. In Michael's Game, the character Michael is faced with several scenarios. These scenarios start as non-emotional/non-psychotic, then proceed to emotional/non-psychotic, and finally, patients are presented with emotional/psychotic content. Participants are asked to identify if Michael's thinking makes sense; if not, they are asked to produce alternative ways of thinking about the outcomes of these scenarios. By working through various hypothetical scenarios, the hope is that patients learn to recognize errors in their thought processes to reduce delusions and successfully restore competence.

The original study reported that Michael's game gave patients a different insight into their symptoms. This is encouraging for further research on this form of treatment.

THEMES

"I am going to look at things **different** now."
"Odd things happen. Now I am going to **think out** how else it could have happened."
"This game helped me realize that my **voices might not be as real.**"
"Helped me see things from another **point of view.**"
"I liked that somebody wanted to **interact** with me."



CONCLUSIONS/SIGNIFICANCE

When playing Michael's Game with the patients, each participant was given three cards from each category (non-emotional/non-psychotic, emotional/non-psychotic, and emotional/psychotic). After the three cards are issued, participants are asked several questions about how they liked the game and how the game has helped them. All questions (excluding "what did you like/dislike about the game") have been adapted from the CHOICE Measure, a 24-item questionnaire created by Greenwood et al. This questionnaire was designed to gather patient perceptions and has been adapted for the use of Michael's Game. Eight questions were taken from the questionnaire. Patient answers were recorded verbatim to be later coded.

NEXT STEPS

The next steps of this project include creating themes from the answers patients gave to the questionnaire and coding them into the corresponding themes. This will help us clearly see what patients like and dislike about the game. It will also allow us to see if patients can connect this to their competency. Finally, Dr. Lauren Kois' larger study will take these results and change what needs to be changed in order to create a new intervention specifically tailored towards competency.

REFERENCES

