How Can a Psychosocial Rehabilitation Programme Change Behaviour Self-Regulation of Inpatients Diagnosed with Schizophrenia within a Forensic Low Secure Unit?

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Learning Goal:
The study aims to reveal significant changes in coping strategies, psychological defences, behaviour self-regulation, aggression and hostility in those with schizophrenia before and after participation in the extended psychosocial rehabilitation programme rendered in a forensic low secure inpatient unit, while also delineating the predictors of behaviour self-regulation.

Abstract Text:
Background
Participants have been tested before and after the programme, consisting of a motivation interview followed by group sessions of psychoeducation, cognitive & social skill, motivational and communication training. Every intervention is a succession of 10-15 sessions 50 min each. Additionally, patients could be prescribed individual sessions and other groups such as anger management training or art therapy.

Hypothesis
The programme impacts on the aforementioned parameters and the predictors of behaviour self-regulation.

Methods
Sample: 29 males with schizophrenic spectrum disorders, mean age of 36.5 years.
Measure: an adaptation of Bernese Coping Modes, the Life Style Index, the Style of Behaviour Self-Regulation Questionnaire, Buss-Durkee Hostility Inventory.
IBM SPSS Statistics 22 package was employed with respect to Wilcoxon Signed Rank Test and Regression Analysis carried out here.

Results
After the programme significant variations in Bernese Coping Modes are evident: increase in the unconstructive coping strategy “dissimulation” (p=0.015) and decrease in semi-constructive “emotional dumping” (p=0.048). The Life Style Index has shown only a tendency to decrease “compensation” level (p=0.064), whereas the hostility level has significantly plunged (p=0.014) as per Buss-Durkee Hostility Inventory.
Despite there is only a trend of enhancement in the overall level of behaviour self-regulation after participation in the programme (p=0.087), multiple linear regression model has changed. Initially, 63% (R2=0.632) of its variance is explained by the model of “dissimulation” (β=0.593), “establishment of self-esteem” (β= -0.44) and “suppression” (β= -0.318), whereas afterwards 63% (R2=0.63) of the variance hinges on “aggression” (β= -0.464), “optimism” (β= 0.476) and “passive cooperation” (β= 0.374).

Conclusions
The footprint of the psychosocial rehabilitation programme proves to be controversial in terms of coping strategies. It has little influence on defences, but distinctively decreases the level of hostility. No massive changes are evident in behaviour self-regulation, although more positive model that predetermines its variance after participation in rehabilitation appears.