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PSYCHOSOCIAL REHABILITATION OF PERSONALITY: A SYSTEMATIC APPROACH

The article discloses a systematic approach to psychosocial rehabilitation of the individual. The principles of psychosocial rehabilitation include: the feasibility of the tasks set before the rehabilitator - any patient has a huge experience of disappointments, and each new failure actualizes his traumatic experience, therefore it is extremely important to plan tasks that would guarantee the success of the rehabilitator in completing them; providing staff support to the rehabilitator in his feelings and actions related to overcoming difficulties, taking into account the long history of personal and social defeats; tolerance for "strange" behavior: requirements for it are less strict than in normal conditions, except for dangerous forms of behavior; non-reinforcement of negative expectations: employees do not show reactions of disappointment, denial, refusal, punishment expected by the rehabilitator as a result of his negative experience; selective encouragement: competent forms of behavior are encouraged, and antisocial, aggressive ones are not. The types of incentives most desirable for the rehabilitator are used. Overcoming learned helplessness and persistent avoidance motivation, as a result of negative social experience and a long stay in the conditions of a psychoneurological boarding school, is carried out on the basis of creating a safe supportive environment, training various social skills and activating techniques, based on the principles of movement in the zone of immediate development and support of the subject position rehabilitator, in the process of gradually strengthening the working alliance based on taking into account the attitude of patients to their problems and joint cognitive conceptualization in order to check and overcome dysfunctional beliefs and develop constructive ways to solve problems. The obtained data showed the effectiveness of the developed complex rehabilitation program. After six months, during which the program was carried out, a statistically significant increase in the level of competences of all rehabilitates was recorded by experts in the selected main areas of life activity by the consensus method. Positive changes in the lives of the participants in the next three years are

associated with the acquisition of limited legal capacity, employment, return to the family, transition to assisted or independent living.

Key words: *personality, psychosocial rehabilitation, systemic approach, cultural-historical psychology, cognitive-behavioral therapy.*

Formulation of the problem. Recently, the model of psychosocial rehabilitation has gained particular popularity, based on the understanding of chronic mental disorder as a result of desocialization - a process of stressful and destructive interaction between the patient and his environment, characterized by repeated episodes of mismatch with expectations, disappointment, pain, guilt, anger [2].

Desocialization leads to the destruction of psychological and social competencies, relapses, a decrease in the level of functioning, paralysis of productive activity and, as a result, to the indefinite placement of the patient in an institutional institution. Factors of social stress also contribute: job loss, narrowing of the social circle, stigmatization.

The purpose of rehabilitation is to achieve the highest possible level of development of psychological and social competencies for the integration of rehabilitators into society.

Rehabilitation efforts are aimed at specific areas of life of rehabilitators.

The principles of rehabilitation include:

1) the feasibility of the tasks assigned to the rehabilitator - any patient has a huge experience of disappointments, and each new failure actualizes his traumatic experience, therefore it is extremely important to plan tasks that would guarantee the success of the rehabilitator in their implementation;

2) providing staff support to the rehabilitator in his feelings and actions related to overcoming difficulties, taking into account the long history of personal and social defeats;

3) tolerance for "strange" behavior: the requirements for it are less stringent than under normal conditions, with the exception of dangerous forms of behavior;

4) non-reinforcement of negative expectations: employees do not demonstrate the reactions of disappointment, rejection, refusal, punishment, which are expected by the rehabilitator due to his negative experience;

5) selective encouragement: competent forms of behavior are encouraged, but antisocial, aggressive ones are not. The types of incentives most desirable for the rehabilitator are used.

Analysis of recent research and publications. The effectiveness of this approach has been well proven in practice [2; 10], however, additional substantiation is required - empirically tested models of motivation disorders and the associated

system of beliefs, formed in patients with schizophrenia in the course of their unfavorable life experience.

Such studies were carried out both within the framework of the school of clinical psychology and cognitive-behavioral therapy, the latter being started under the guidance and with the direct participation of A. Beck [1-3].

M. Spivak's ideas about the gradual development of competencies and the regulation of the level of availability of tasks correspond to the principles of the concept of the zone of proximal development [7]. Activation and support of the subjective position while overcoming difficulties is implemented within the framework of the reflexive-activity approach [8], which develops the traditions of cultural-historical psychology.

Thus, the ideas of M. Spivak receive an important theoretical justification in the principles and studies of representatives of cultural-historical psychology.

In the study by A. Kholmogorova, a situation of difficulty was modeled on the material of solving creative problems and it was proved that in patients there is a weakening of the process of self-regulation of thinking, which is expressed in a violation of the mobilizing and constructive function of reflection. This leads to a refusal to complete the task, leaving the situation, avoiding difficulties and intellectual efforts. This phenomenon is known as the “self-restraint mindset”.

The authors convincingly proved that in patients the motivation to avoid failure dominates and the motivation to achieve goals and focus on solving problems is practically paralyzed. Another psychological deficit characteristic of schizophrenia is social anhedonia, which determines the weakening of the communicative orientation of thinking and leads to self-isolation [6; eight].

Social anxiety plays a special role in the manifestation and course of mental disorders, forcing people to refuse to participate in social contacts - another reason for the destruction of their competencies and relationships [5].

We can talk about the complex nature of disorders of social cognition and behavior of patients with schizophrenia, the contribution to which is made by many interrelated phenomena. Within the framework of cognitive-behavioral therapy, premorbid neurocognitive impairments are described in patients with schizophrenia, which increase their vulnerability to the experience of failure (for example, failure in school) [9].

This leads to dysfunctional beliefs (“I am worse than others”), negative evaluations and maladaptive behavioral strategies, such as avoidance of contacts and self-isolation [7].

The purpose of the article is to reveal a systematic approach to psychosocial rehabilitation.

Presentation of the main material and results of the study. It is empirically substantiated that patients with schizophrenia are not inclined to consider their problems as having a purely biological basis, therefore, important principles for building a therapeutic alliance are taking into account the patient's point of view and his understanding of symptoms, conceptualizing them as problems that need to be solved, and focusing on symptom reduction, and not on admitting to being sick [5].

Selection criteria included: a state of remission for at least 2 years; self-service at home; minor mood swings and behavioral disturbances; selective participation in work and leisure activities.

The group consisted of 12 people (10 men, 2 women aged 26 to 65) with diagnoses of chronic mental disorders and disabilities. The total duration of the program is 6 months.

To assess the level of competencies of group members before and after the rehabilitation program, 5 scales for assessing psychological and social competencies by M. Spivak [32] were used, each of which assesses 25 simple competencies in one of the five main areas of life: housing and life, work and employment, hygiene, interpersonal relationships, hobbies and leisure.

The final scores determine competencies at one of three levels: sufficiently formed, partially formed and practically not formed.

An initial study of the level of competencies and an assessment of their dynamics after the completion of the rehabilitation program were carried out by five experts.

The assessment took into account information from several sources: a semi-structured interview with the respondent and information from staff and relatives.

The assessment was carried out by consensus, the results obtained for each respondent were discussed by all five experts. Content and structural components of the program. The development of insufficiently formed competencies has become the task of individual rehabilitation plans. The most important principle of their compilation is the predicted success of the rehabilitator.

Each step of individual rehabilitation plans was outlined as obviously feasible, lying in the respondent's zone of proximal development. The following structural components were included in individual rehabilitation plans:

1) participation in employment in a psycho-neurological boarding school or outside it;

2) motivational training for the restoration of constructive activity and self-efficacy, based on the support of the subjective position of the rehabilitators;

3) the formation of shopping skills with the transition to the role of assistant social workers;

4) training of hygiene skills in the form of a competition;

5) discussion in a group of problems in relations with relatives.

An important component of individual rehabilitation plans was a long-term training aimed at preparing patients for receiving OD, using the main tools of cognitive-behavioral therapy. The number of lessons per module varied from 1 to 3 (1.5 hours each) depending on the level of difficulty available to the participants.

The training, like the entire rehabilitation program, lasted six months and consisted of 11 modules.

1. Dealing with fears and anxieties associated with obtaining ML.
2. Setting goals and objectives.
3. Psychoeducational module.
4. A module aimed at mastering the material related to the legal aspects of OA.
5. Development of a general outlook.
6. Psychological aspects of the trial and examination.
7. Rehearsal module (recreation of the atmosphere of the court session and examination and role-playing in vitro).
8. "Role reversal" (participants act as psychologists, judges, psychiatric experts).
9. Increasing stress resistance and developing self-regulation skills.
10. Development of conflict resolution skills.
11. Summing up.

During the classes, the following methods of cognitive behavioral therapy were used: fixing negative thoughts, identifying cognitive distortions, conducting a realistic assessment, searching for counterarguments, identifying basic beliefs and conditional rules, reframing experience, discussing habitual coping strategies, mastering new coping strategies, cognitive rehearsals, desensitization, exposure, development of realistic plans, taking into account the available methods of achieving goals. Participants got acquainted with the basic concepts of cognitive-behavioral therapy, completed homework based on structured support materials, and trained in transferring the acquired knowledge into everyday life.

As homework, it was proposed to continue working with the form “Fears, anxieties, difficulties and barriers”: divide negative thoughts into distorted and realistic ones, write down counterarguments to distorted thoughts, suggest ways to solve real problems.

During the training, the participants kept notebooks for working with negative thoughts with the support of the facilitator and observing the principle of working in the zone of proximal development.

According to the results of the first assessment, the group members received points corresponding to the least developed competencies in 3 areas: “interpersonal relations”, “hobbies and leisure”, “work and employment”.

Competences were best formed in the areas of "hygiene" and "housing and life".

These results can be explained by the social situation of the boarding school, where life is centered around household and hygienic services for residents who have limited opportunities for communication and productive activities.

As a result of the rehabilitation, the participants improved their competencies in all 5 areas of life. Positive changes in the level of competencies are statistically significant.

This study is pilot in nature and limited by sample size. It is necessary to create effective rehabilitation programs for the successful and safe reintegration into society of citizens living in neuropsychiatric boarding schools.

Findings. The developed comprehensive program of psychosocial rehabilitation is based on the integration of resources and achievements of M. Spivak's systemic rehabilitation approach, cultural-historical psychology and cognitive-behavioral therapy. All three approaches agree well in their basic ideas and principles and complement each other. Overcoming learned helplessness and persistent avoidance motivation as a result of negative social experience and prolonged stay in a psycho-neurological boarding school is carried out on the basis of creating a safe supportive environment, training various social skills and activating techniques, based on the principles of movement in the zone of proximal development and supporting the subjective position the rehabilitator, in the process of gradually strengthening the working alliance based on taking into account the attitude of patients to their problems and joint cognitive conceptualization in order to test and overcome dysfunctional beliefs and develop constructive ways to solve problems.

The preliminary data obtained showed the effectiveness of the developed comprehensive rehabilitation program. After six months, during which the program was carried out, in the identified five main areas of life, five experts by consensus recorded a statistically significant increase in the level of competencies in all 12 rehabilitators.

Positive changes in the life of the participants in the next three years are associated with obtaining a limited legal capacity, employment, return to the family, transition to accompanied or independent living.

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ПСИХОСОЦІАЛЬНА РЕАБІЛІТАЦІЯ ОСОБИСТОСТІ: СИСТЕМНИЙ ПІДХІД

У статті розкрито системний підхід до психосоціальної реабілітації особистості. Принципи психосоціальної реабілітації включають: здійсненність поставлених перед реабілітантом завдань - будь-який пацієнт має величезний досвід розчарувань, і кожна нова невдача актуалізує його травматичний досвід, тому надзвичайно важливим є таке планування завдань, яке гарантувало б успіх реабілітанта при їх виконанні; надання персоналом підтримки реабілітанту у його почуттях та діях, пов'язаних з подоланням труднощів, з урахуванням довгої історії особистих та соціальних поразок; терпимість до «дивної» поведінки: вимоги щодо нього менш суворі, ніж у звичайних умовах, крім небезпечних форм поведінки; непідкріплення негативних очікувань: співробітники не демонструють реакції розчарування, заперечення, відмови, покарання, які очікуються реабілітантом внаслідок його негативного досвіду; виборче заохочення: компетентні форми поведінки заохочуються, а асоціальні, агресивні – ні. Використовуються найбажаніші для реабілітанта види заохочення. Подолання вивченої безпорадності та стійкої мотивації уникнення, як наслідку негативного соціального досвіду та тривалого перебування в умовах психоневрологічного інтернату, здійснюється на основі створення безпечного підтримуючого середовища, тренінгу різних соціальних навичок та активуючих технік, з опорою на принципи руху в зоні найближчого розвитку та підтримки суб'єктної позиції реабілітанта, в процесі поступового зміцнення робочого альянсу на основі врахування ставлення пацієнтів до своїх проблем та спільної когнітивної концептуалізації з метою перевірки та подолання дисфункціональних переконань та вироблення конструктивних способів вирішення проблем. Отримані дані показали ефективність розробленої комплексної програми реабілітації. Через півроку, протягом яких проводилася програма, у виділених основних сферах життєдіяльності експертами методом консенсусу зафіксовано статистично значуще підвищення рівня компетенцій у

всіх реабілітантів. Позитивні зміни у житті учасників у наступні три роки пов'язані з отриманням обмеженої дієздатності, працевлаштуванням, поверненням у сім'ю, переходом на супроводжуване чи самостійне проживання.

Ключові слова: *особистість, психосоціальна реабілітація, системний підхід, культурно-історична психологія, когнітивно-біхевіоральна терапія.*

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