THE INTERVENTION MODEL FOR OFFENDERS IN THE RESIDENCE FOR THE ENFORCEMENT OF SECURITY MEASURES

Decorato Giuseppina[1], Barrasso Giuseppe[2], Lattanzio Antonio[3], Lombardo Giuseppina[4]

[1]*Tecnico della riabilitazione psichiatrica, R.E.M.S. Spinazzola - DSM - ASL BT*
[2]*Psichiatra, Direttore Dipartimento di Salute Mentale - ASL BT*
[3]*Psichiatra Direttore U.O.S.V.D. - R.E.M.S. Spinazzola - DSM - ASL BT*
[4]*Psicologa-Psicoterapeuta - R.E.M.S. Spinazzola - DSM - ASL BT*

KEYWORDS: Personal recovery, clinical recovery, psychosocial functioning, subjective well-being

ABSTRACT

In recent years, REMS 19 of the city of Spinazzola (Bari, Italy) has built an intervention model oriented towards "care" and "taking care" because the guest subjected to a security measure co-participates in the construction and implementation of his own Individual Residential Rehabilitation Program, starting thus the path of discharge at the time of his entry.
Targets
Evaluate the impact, in terms of psycho-social functioning, of the proposed model that adopts specific EBM interventions, on the therapeutic-rehabilitation path of a group of 7 users diagnosed with personality disorder.
A 12-month observational study was conducted on a group of 7 male patients. At the beginning (T0) during (T1) and at the end of the study (T2) the following assessment scales were administered for precise outcomes: BPRS for clinical recovery and psychosocial functioning; VGF for subjective well-being and interpersonal relationships; I GO for autonomy, self-esteem, self-awareness, resocialization and taking care of oneself; SAMI and BHS for positive expectations and confidence in the future.
It is possible to note the trend over time of the results obtained during the three administrations of the evaluation scales. In particular, there was a positive change in the identified outcomes, the main targets of the EBM interventions of the proposed intervention model.
Conclusions
The study highlighted how the proposed intervention model records an improvement in terms of not only clinical but also personal recovery.

INTRODUCTION

The Law 81 of 2014 sanctioned the birth of the Residences for the Execution of Security Measures, in order to respond to the mandate of treatment and rehabilitation, not merely custodialistic for people suffering from mental illness responsible for the crime. The most recently formulated theoretical treatise indications, still in the development phase, are subjected to constant study because they try to associate the intensive therapeutic rehabilitation treatment aimed at the treatment of serious disabilities resulting from mental illness, with aspects that must deal with the characteristic specificity of offenders.

In these years the REMS 19 of Spinazzola -DSM ASL BT- has built a model of intervention oriented to "care" and "take care" as the guest subjected to safety measureparticipates in the construction and implementation of its Individual Residential Rehabilitation Program, thus starting the discharge process at the time of its entry. In particular, the model uses structured EBM interventions such as Illness Management and Recovery (IMR), Social Skills Training (SST), Cognitive Rehabilitation (CRT), Problem Solving Training (PST), Mental Health Recovery Star (MHRS) aimed at the acquisition and/or enhancement of the psychosocial abilities of a group of patients with personality disorder.

Targets

Evaluate the impact, in terms of psycho-social functioning, of the proposed model on the therapeutic-rehabilitation path of a group of 7 users. In particular, verify, during the period of stay, the improvement of the following outcomes, target of the intervention model: clinical recovery, psychosocial functioning, subjective well-being, interpersonal relationships, autonomy, self-esteem, self-awareness, re-socialization, self-care, positive expectations and confidence in the future.

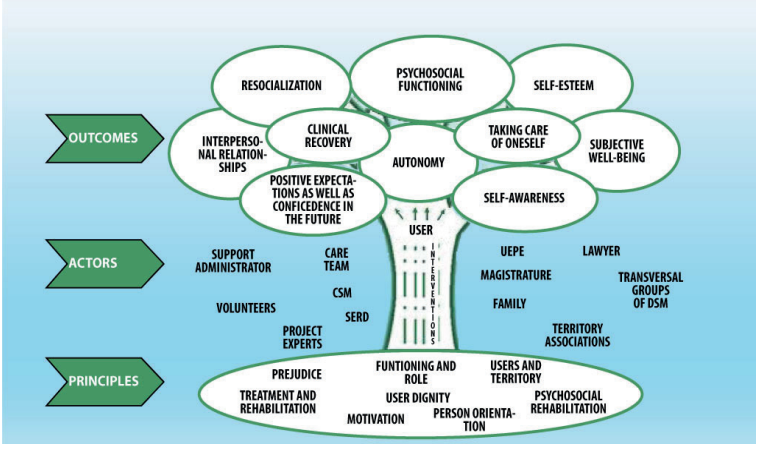


Fig. 1

MATERIALS AND METHODS

A 12-month observational study was conducted in a group of 7 male patients, with an average age of 41.7 years and a normal cognitive index of 26.4. At the beginning (T0) at 6 months (T1) and at the end of the study (T2) the following scales of assessment were administered for precise outcomes: BPRS for clinical recovery and psychosocial functioning; VGF for subjective well-being and interpersonal relationships; I go for autonomy, self-esteem, self-awareness, resocialization and taking care of oneself; SAMI and BHS for positive expectations as well as confidence in the future; MOAS for aggressive behavior.

EVALUATION SCALE	T0	T1	T2
BPRS	63,1	57,6	49,4
VGF	32	37,6	45
FPS	30,1	34	41,8
SAMI	10,6	10,6	10,6
BHS	5,1	6,4	5,1
MOAS	52	20,4	5,3

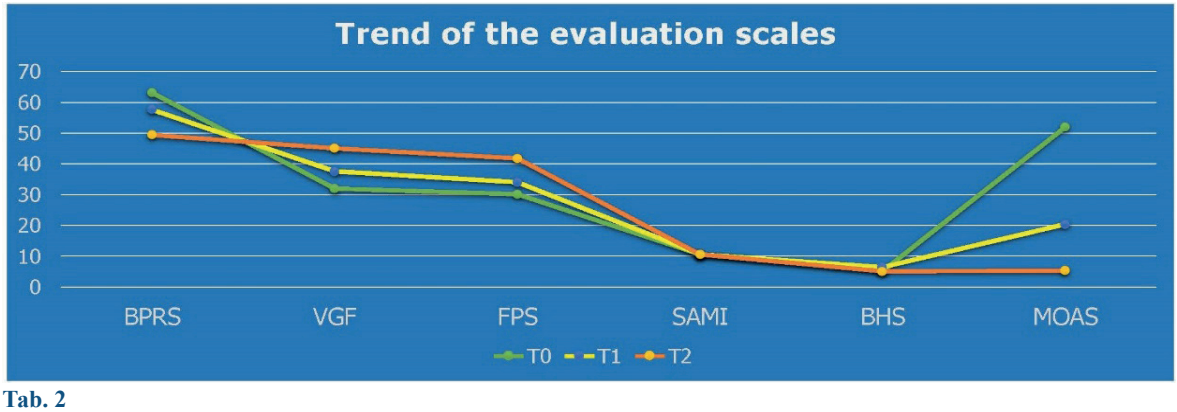
Tab. 1

Results

As can be seen from Graph 1 in Table 1, the trend over time of the results obtained during the three measurements of the scales of assessment can be seen. In particular, the overall score of the BPRS scale went from an average of 63.1 points (T0) to 49.4 points (T2) indicating a reduction in psychopathological symptoms (changes in mood, bizarre behaviors) of about -22% evaluated as a positive indicator of the therapeutic-rehabilitation work carried out. The score of the VGF scale went from an average of 32 points (T0) to 45 points (T2) showing an improvement in interpersonal relationships of about 41% evaluated as a positive indicator of the training of social skills. The FPS score of the V.A.D.O. went from an average of 30.1 points (T0) to 41.8 points (T2) showing an improvement in autonomy levels and the sense of self-efficacy of 39% evaluated as a positive indicator of PST and CRT. The SAMI score of an average of 10.6 points indicates a low risk of suicide throughout the period considered. The score of the BHS scale shows an initial (T0) and final (T2) average of 5.1 points with a slight increase during treatment of 25% equal to 6.4 points (T1). The data of both scales (SAMI and BHS) can be evaluated as positive indicators of the MHRS instrument that has positively influenced the future expectations of users (investment in acquired skills). The MOAS scale shows an improvement in aggression of about 90% compared to the initial average value of 52 points (T0) passing to an average of 20.4 points (T1) up to 5.2 points (T2), signaling a sharp decrease in aggressive behaviors (verbal, physical, against property).

CONCLUSION

The study showed that the proposed model of intervention shows an improvement in terms of recovery not only clinical but also personal. In particular, there is a reappropriation of decision-making power by the person with respect to the planning of life, because not only does each user seize and understand the rehabilitative opportunity but goes beyond projecting himself into a future dimension. The intervention model can be explained through the image of a tree (Fig. 1)which has strong roots in important principles that have allowed us to give a precise cut to the whole organization and to the people who are present and collaborate with the structure. The actors we interface with are different, and are fundamental to "oxygenate" the growth path of the user (tree trunk). To obtain its fruits the tree needs nutrients (lifeblood), in the same way the user uses/ exploits the interventions so that it can evolve and reach its outcomes (fruits of the tree).



Tab. 2

REFERENCES

1. Nicolò G., Pompili E. (2021). Psichiatria territoriale. Strumenti clinici e modelli organizzativi. Raffaello Cortina Editore, Milano
2. Vita A., Dell'Osso L., Mucci A. (2019). Manuale di clinica e riabilitazione psichiatrica. dalle conoscenze teoriche alla pratica dei servizi di salute mentale. Vol.2 Riabilitazione Psichiatrica. Giovanni Fioriti Editore, Roma
3. Skodol A.E., Gunderson J.G., Shea M.T., McGlashan T.H., Morey L.C., Sanislow C.A., Bender D.S., Grilo C.M., Zanarini M.C., Yen S., Pagano M.E., Stout R.L. (2005). The Collaborative Longitudinal Personality Disodres Study (CLPS): overview and implication. J Pers Disord 19, 487-504.