

ОПТИМІЗАЦІЯ ПСИХОКОРЕКЦІЙНОЇ РОБОТИ СЕРЕД
ПІДЛІТКІВ З ДЕВІАНТНОЮ ПОВЕДІНКОЮ

Світлана РУСІНА, Руслана НІКОРЯК, Наталія ТКАЧУК,

Буковинський державний медичний університет,

ОКНП «Чернівецька обласна психіатрична лікарня»,

КНП «Міська дитяча поліклініка» Чернівецької міської ради,

OPTIMISATION OF PSYCHO-CORRECTIONAL WORK
AMONG ADOLESCENTS WITH DEVIANT BEHAVIOUR

Svitlana RUSINA, Ruslana NIKORYAK, Natalia TKACHUK,

Bukovinian State Medical University,

Chernivtsi Regional Psychiatric Hospital,

City Children's Polyclinic in Chernivtsi,

rusina.svetlana@bsmu.edu.ua, nikoriakrusya@gmail.com,

nataliatkchuk10@gmail.com

ORCID 0000-0002-2253-6813

Русіна Світлана, Нікоряк Руслана, Ткачук Наталія. Оптимізація психокорекційної роботи серед підлітків з девіантною поведінкою. Зростаюча поширеність психічних і поведінкових розладів серед підлітків, які є критично важливою демографічною групою для стабільності суспільства, становить значну проблему для громадського здоров'я в Україні. Ці розлади, часто загострені психологічною депривацією, що виникає через недостатню сімейну та соціальну підтримку, часто призводять до соціальної дезадаптації та девіантних форм поведінки, включаючи різке зростання ранньої алкоголізації. **Мета** Метою цього дослідження було покращення психокорекційної роботи серед підлітків з девіантною поведінкою. **Новизна** Новизна цього дослідження полягає в його комплексному вивченні факторів, що сприяють девіантній поведінці та алкоголізації серед специфічних вразливих груп підлітків (вихованців шкіл-інтернатів та студентів медичного коледжу), а також у наданні емпіричних доказів ефективності цілеспрямованого психокорекційного підходу, адаптованого до їхніх складних психосоціальних викликів. **Методи** Було обстежено дев'яносто підлітків віком 15-17 років зі шкіл-інтернатів та медичного коледжу із застосуванням комплексних клінічних, психопатологічних, експериментальних та психологічних методів. Психокорекційні втручання включали раціональну психотерапію та соціальний тренінг. **Результати** Результати виявили високий рівень куріння та вживання алкоголю серед досліджуваних груп, що часто було спричинене відсутністю батьківського нагляду та спотвореним сприйняттям дорослого життя, а також значними адаптаційними труднощами, невпевненістю та тривогою. Як ключові фактори були ідентифіковані біологічні чинники (наприклад, пологові травми, черепно-мозкові травми) та сімейні фактори (наприклад, проблеми психічного здоров'я батьків, залежність від психоактивних речовин). Після втручання спостерігалися позитивні результати з помітним зниженням шкідливих звичок в обох групах. **Висновки** Девіантна поведінка підлітків є результатом складної взаємодії внутрішніх патогенних факторів та несприятливих зовнішніх обставин. Це підкреслює нагальну потребу в інтегрованих профілактичних стратегіях, включаючи морально-правову, антиалкогольну/антинаркотичну та комплексну сексуальну освіту, для забезпечення гармонійного розвитку та соціальної адаптації молоді.

Ключові слова: психічне здоров'я підлітків, девіантна поведінка, алкоголізація, психокорекційна робота, соціальна дезадаптація.

Introduction. The World Health Organisation (WHO) defines health as a dynamic process of complete physical, mental and social well-being and not merely as the absence of disease or infirmity. A child's health is the optimal level of achieved somatophysical development, including positive psychosocial adaptation, tolerance to stress, resistance to adverse effects, and the ability to form optimal adaptive and compensatory responses in the process of growth and development¹.

It is known that mental and behavioural disorders are the most common in the world. According to V. Abramov, they affect 20-30% of the world's population².

According to statistics, in recent years alone (up to 2000), the incidence of mental disorders among children and adolescents in Ukraine has increased by 52%. Thus, the low level of mental health of adolescents limits their ability to fully socialise in society³.

Today, the state of mental and somatic health of children and adolescents in Ukraine should be considered extremely unsatisfactory. According to O. Zelenko, more than 50% of school-age children suffer from neurotic disorders, more than 70% have various forms of psychosomatic disorders, and more than 30% have behavioural disorders⁴.

¹ Pidkorytov V. S. «Nasylstvo u symiy yak faktor ryzyku formuvannya nevrotichnyh rozladiv u ditey» [Violence in the Family as a Risk Factor for the Development of Neurotic Disorders in Children], *Arkhiv psykhiatrii* [Archives of Psychiatry], 2002, N 1(28), P. 8-11 [in Ukrainian].

² Abramov V. A., Zhigulina I. V., Ryapolopova T. L. Mediko-sotsialnaya reabilitatsiya bolnykh s psikhicheskimi rasstroystvami [Medical and Social Rehabilitation of Patients with Mental Disorders], Donetsk: Kashtan, 2006, 268 p. [in Russian].

³ Davydova O. E. «Ponyatie normy v podrostkovoy psykhiatrii» [The Concept of Norm in Adolescent Psychopathology], *Arkhiv psykhiatrii* [Archives of Psychiatry], 2003, Vol. 9, N 2(33), P. 33-36 [in Russian].

⁴ Zelenko O. A. «Opyt sozdaniya i vnedreniya kompleksnoy programmy psikhoterapevticheskoy pomoshchi detyam i podrostkam s poststressovymi nevroticheskimi i psikosomaticheskimi rasstroystvami na baze sredney obshcheobrazovatel'noy shkoly» [Experience of Developing and Implementing a Comprehensive Psychotherapeutic Assistance Program for Children and Adolescents with Post-Stress Neurotic and Psychosomatic Disorders at a General Secondary School], *Materials of the Scientific and Practical Conference «Nevrotichni rozlady ta porushennya povedinky u ditey ta pidlitkiv»* [Neurotic Disorders and Behavioral Disorders in Children and Adolescents], Kharkiv, September 11-12, 2001, Kharkiv, 2001, P. 27 [in Russian].

Therefore, the mental health of the younger generation remains an urgent problem and it is time to improve preventive and psycho-correctional work to prevent the destructuring and desocialisation of society⁵.

The Goal. Improve psycho-correctional work among adolescents with deviant behaviour.

The main part. Behavioural disorders that deviate from generally accepted norms are quite common among adolescents. Behavioural disorders have become a mass phenomenon and, consequently, a social problem. Suffice it to say that 40-50% of adolescent patients admitted to the psychiatric inpatient department of the regional psychiatric hospital in 2003-2007 were found to have deviant behaviour. In out-of-hospital practice, this percentage is much higher. The behavioural disorders were manifested both in practical actions (real behavioural disorders) among boys in boarding schools and in statements and judgements (verbal behavioural disorders) among girls.

In recent years, there has been a trend towards an increase in the number of mental and behavioural disorders among adolescents, a tendency towards their unfavourable, protracted course, and the increasing incidence of early forms of maladaptive behaviour have become threatening and have high social significance. The relevance of studying behavioural disorders in adolescents is also due to the fact that these disorders often lead to social maladjustment, when an adolescent completely loses the ability to adapt to the conditions of the social environment. On this basis, the need to develop effective methods of prevention and psychocorrection of behavioural disorders is undeniable.

For this purpose, 90 adolescents aged 15-17 years were examined, who were divided into 2 groups. The first group consisted of 30 people ($33.33 \pm 4.97\%$) adolescents from boarding schools and the second group consisted of 60 people ($66.67 \pm 4.97\%$) students of a medical college with a significant intergroup difference ($P < 0.05$).

The data of the conducted comprehensive clinical, psychopathological, experimental and psychological studies indicate that the availability and freedom of choice of alcohol and tobacco products, the tolerance of society to asocial manifestations against the background of adapted problems of adolescence led to a distorted perception of social adult life and provoked the convergence of psychological deviation with personality pathology and formed pathological forms of deviant behaviour.

The first group consisted of 30 males, or $33.33 \pm 4.97\%$ of all subjects. These were adolescents – 18 people ($60.00 \pm 8.94\%$) from a boarding school for orphans and children deprived of parental care and 12 ($40.00 \pm 8.94\%$) people from asocial families (from a boarding school for large and low-income families) with a significant intergroup difference ($P < 0.05$). In fact, the lifestyle of living without parental care was the impetus for the emergence of harmful habits in these subjects, based on the principle that ‘everyone does it and no one forbids it’. Among senior high school students, $63.33 \pm 8.80\%$ (19) smoke and $93.33 \pm 4.55\%$ (28) occasionally drink alcohol (mainly beer, wine, rarely vodka), a difference of 1.5 times ($P < 0.001$) with a significant intergroup difference.

The second group consisted of 60 people, or $66.77 \pm 4.97\%$ of the subjects. Among them, $25.00 \pm 5.60\%$ (15) smoked rarely and $5.00 \pm 2.81\%$ (3) smoked often of the total number of subjects in the second group with a significant intergroup difference ($P < 0.001$); $75.00 \pm 5.60\%$ (45) occasionally consumed alcohol (mainly wine). Among the dominant motives for their harmful habits, female students pointed to the widespread opinion of such a modern adult life. The majority of these adolescents from the two groups had significant adaptive problems (interpersonal relationships), which were complicated by their characteristic personal insecurity and excessive anxiety, which they believed were offset by bad habits that ‘helped’ in establishing interpersonal relationships and the perception of their peers as adults and ‘their own’.

In the foreground of the work with the two groups of adolescents was rational psychotherapy, namely, preliminary explanation of the causes of emotional and, as a result, behavioural disorders within the framework of a psychological conflict that needed correction. We found out the predisposing factors for the development of emotional and behavioural disorders: family and interpersonal relationships; living and upbringing conditions, hobbies and life values; the choice of an unsuccessful role model and individual psychological characteristics of the examined. Psycho-correctional work was carried out to resolve the internal psychological conflict of discrepancy between the perceptions of the status and importance of the self and the perception of the real state of affairs. Subsequently, the 2-3rd week of psycho-correction was aimed at resolving the existing psychological conflict, refusing to imitate destructive behavioural patterns, correcting the system of human values with overcoming self-doubt, low self-esteem, vulnerability and, as a result, restoring full social functioning (subjective and objective) through the creation of new behavioural patterns that are intended to become an alternative to deviant behaviour.

And at the final stage – 3-4 weeks – the main focus was on social training, namely, the implementation of the acquired psycho-corrective influence in the existing microsocial environment, with the continuation of relevant explanatory work among both pupils and students.

Thus, the work carried out on psychocorrection of deviant behaviour in the 1st group of adolescents gave a reduction (theoretical and practical) of harmful effects of psychocorrection. A clear positive effect was observed among the subjects with real behavioural disorders. Thus, 52.63% (10) of the subjects managed to reduce the urge to smoke (theoretically agreed and practically used less often); 10.53% (2) of the subjects lost the desire to smoke, and 36.84% (7) of adolescents did not show any noticeable dynamics. After the work, 42.86% (12) of the subjects had a reduced desire to drink, 3.57% (1) of the subjects lost this desire, and 53.57% (15) did not show any positive dynamics.

In the second group of 18 smokers, 33.33% (6) of the subjects managed to reduce their smoking habits, 11.11% (2) quit smoking, and $55.56 \pm 1.71\%$ (10) of the subjects showed no positive dynamics.

⁵ Davydova O. E. Ponyatie normy v podrozkovoy psikiatrii, op. cit., P. 33-36.

Among the adolescents of the second group who rarely consumed alcohol, $56.56 \pm 7.41\%$ (25) of the subjects showed a decrease in alcohol consumption (only occasional consumption was allowed), and $44.44 \pm 7.41\%$ (20) of the subjects continued to drink with a significant intergroup difference ($P < 0.05$).

Currently, there is a sharp increase in the prevalence of alcohol use among adolescents. This trend reflects the fact that studying in boarding schools or medical colleges often removes adolescents from the positive influence and supervision of supportive parents. This disconnection is particularly dangerous during the personality-forming period (ages 15-18), as it can trigger early alcoholization, which leads to a particularly rapid development of pathological alcohol dependence.

Adolescent alcohol use is associated with an increased risk of delinquency and sexual promiscuity, both of which contribute to social maladaptation. Among the biological factors (both congenital and acquired) contributing to the development of deviant behavior are various endogenous and exogenous hazards. For example, birth-related trauma was reported in 6% (3 individuals) of adolescents in Group I, and a history of traumatic brain injury (TBI) was found in 20% (10 individuals) of the same group.

Furthermore, 16% (8 individuals) of adolescents had intellectually disabled parents, 24% (12 individuals) reported parental alcohol dependence, and 8% (4 individuals) had parents with psychiatric disorders. Previous neuroinfections were noted in 2% (1 individual) from Group I and in 3% (2 individuals) from Group II.

Thus, the development of deviant behavior in adolescents should be viewed through the lens of a complex interaction of internal pathogenic factors – such as hereditary predisposition to mental illness, past neuroinfections, traumatic brain injuries, and character pathologies – and external circumstances, including incomplete family structures, lack of parental supervision during critical developmental periods, and psychological discomfort within the family due to parent-adolescent relationship conflicts.

Therefore, it becomes essential to investigate the factors that create conditions conducive to the formation of harmful habits among youth. This includes promoting societal intolerance of adolescent sexual promiscuity through mass media, and holding offenders criminally accountable, in order to establish a socially-oriented direction for prevention. Such prevention should be systematic and proactive. Paradoxically, but crucially, the most effective preventive measures for deviant behavior lie in moral-legal education, anti-alcohol and anti-drug programs, and comprehensive sexual education. Only by focusing on these areas can we begin to address the unfavorable situation in which Ukrainian society currently finds itself.

Conclusion. Thus, studies have established a complex direct and reverse relationship between an adolescent and his or her inconsistency of individual psychobiological reactivity and strength due to the immaturity of the psychophysiological state and the nature and duration of environmental influences (deprivation,

prevalence of 'unhealthy' lifestyles in society – smoking, drinking alcohol). For an adolescent who is still forming (especially psychologically), prolonged psychological trauma in 'small portions' was even more dangerous, as the traumatic painful experience was a particularly weak ground on which subsequent traumas had a stronger impact and thus socially maladjusted the adolescent in society through deviant and delinquent behaviour.

Thus, given that adolescence is one of the key periods in the formation and development of a personality, it is necessary to combine all the efforts of doctors, psychologists, sociologists to ensure the harmonious development of the personality without bad habits and, most importantly, not to delay, so as not to lose precious time, thus preventing the destructuring and desocialisation of young people in society

Світлана Русіна – кандидат медичних наук, доцент кафедри нервових хвороб з психіатрією та медичною психологією ім. В. П. Савенка Буковинського державного медичного університету. Сфера наукових інтересів: розлади психіки та поведінки у підлітків; психічні розлади внаслідок органічного ураження центральної нервової системи; психогенні неспихотичні та психотичні психічні розлади. Автор та співавтор понад 100 наукових праць, серед яких 3 монографії, 8 підручників та навчальних посібників, 93 статей та тез доповідей, 3 патенти, 3 інформаційні листи.

Svetlana Rusina – Candidate of Medical Sciences, Associate Professor of the Savenko Department of Nervous Diseases, Psychiatry and Medical Psychology at Bukovinian State Medical University. Areas of research: mental and behavioural disorders among adolescents; mental disorders due to organic damage to the central nervous system; psychogenic non-psychotic and psychotic mental disorders. She is the author and co-author of more than 100 scientific works, including 3 monographs, 8 textbooks and manuals, 93 articles and abstracts, 3 patents, and 3 newsletters.

Руслана Нікоряк – лікар-психіатр 1-ї категорії, психотерапевт. Місце роботи: Чернівецька обласна психіатрична лікарня. Сфера наукових інтересів: Невротичні, пов'язані зі стресом та соматоформні розлади (ПТСР, розлади адаптації, фобічні, тривожні, депресивні розлади); поведінкові розлади. Автор та співавтор 56 наукових праць.

Ruslana Nikoriak – is a psychiatrist of the 1st category, psychotherapist. Place of work – Chernivtsi Regional Psychiatric Hospital. Areas of research: Neurotic, stress-related and somatoform disorders (PTSD, adaptation disorders, phobic, anxiety, depressive disorders); behavioural disorders. Author and co-author of 56 scientific papers.

Наталія Ткачук – лікар-гінеколог дитячого та підліткового віку. Місце роботи: Міська дитяча поліклініка м. Чернівці. Сфера наукових інтересів: поведінкові розлади у дітей та підлітків жіночої статі. Автор та співавтор 7 наукових праць.

Natalia Tkachuk – is a gynecologist of childhood and adolescence. Place of work. City Children's Polyclinic in Chernivtsi. Chernivtsi. Areas of research: behavioural disorders among female children and adolescents. Author and co-author of 7 scientific papers.

Received: 7.05.2025

Advance Access Published: June, 2025

© S. Rusina, R. Nikoryak, N. Tkachuk, 2025