

THE QUALITY OF LIFE IN PERSONS WITH BEHAVIOURAL PROBLEMS IN PROFESSIONAL INSTITUTES IN THE CZECH REPUBLIC

Michal Ruzicka
Palacky University

Abstract. *The objective of the article is to make the reader acquainted with the quality of life in persons with behavioural impairment in professional institutes in the Czech Republic. The first part of the text aims at describing individual institutes, and the second part presents the research conducted in facilities of subsequent care for people with behavioural problems. The system of facilities for the monitored target group is rather extensive. Such facilities are regarded from various perspectives and points of view. The monitored institutes are divided in terms of the age of their clients, the scale of the problems, the services provided, etc. Also, the knowledge of valid legislation plays an important role. The following text intends to divide the target facilities based on specific criteria – which will improve orientation (at first sight) in the complicated and disorganised portfolio of institutes. It is beyond the capacity of this paper to enumerate all institutes dealing in the prevention, intervention, therapy and re-socialization of persons with problems relating to behaviour, thinking, emotions, etc. The text adverts to the most significant institutes and introduces their activities in the form of practical examples (casuistry). The paper follows, above all, the current legislation and practice. The presented research focuses on describing the quality of life in persons under the programmes of subsequent care. The reason for selecting this type of institute is the fact that the participants of subsequent care programmes have experience with stays even in other types of monitored facilities.*

Key words: *quality of life, persons with behavioural problems, professional institutes, after care*

Introduction

Before engage in presenting the research results, let us outline the network of facilities participating in the care of persons with behavioural problems. The description of these institutes is, for better understanding, accomplished with practical casuistry.

Classification of individual facilities

The system and organization of the facilities for persons with behavioural problems in the Czech Republic shall be examined at various levels.

The first one is classification *according to age*:

- Facilities for children and youth
- Facilities for adults

Classification according to the needs of *children and youth* results in the following list:

- Facilities for children at psycho-social risks,
- Facilities for children with behavioural problems who were not ordered institutional education or protective education,
- Facilities for children under institutional and protective education,

- Facilities of subsequent care.

Within professional facilities for *adult persons*, we recognize the following:

- Facilities for people before, during or after execution of punishment,
- Facilities for people at risk of poverty,
- Facilities for people with addiction,
- Facilities for victims of criminal acts.

Monitoring of individual facilities from the point of view of their major activities is also important and we distinguish, among others:

- consulting facilities,
- educational facilities,
- re-socializing facilities,
- therapeutic facilities,
- low-threshold facilities,
- free-time facilities.

Further, the facilities can be divided by their primary governing body, relevant legislation and method of administration and financing. This classification is, however, not of key importance for the needs of this paper.

Further specification of facilities for children and youth

Children and youth with behavioural problems with institutional and protective education are educated in the following institutes:

- Diagnostic Institute,
- Children's Home,
- Children's Home with a School,
- Educational Institute.

Diagnostic Institute

According to the law, this facility accepts children based on the decision of the court on mandatory institutional education, children with interlocutory judgement ordered by the court, in exceptional instances also children based on parents' request and children on the run. A Diagnostic Institute has its defined jurisdiction – territory of operation - assigned by the Ministry. On the grounds of complex special-needs, psychological and social examination, children are further allocated to appropriate Children's Homes or Educational Institutes. In case of sending a child to alternative educational care, the Diagnostic Institute puts forward a proposal of an individual education plan, the so-called "**personality development programme**". The Diagnostic Institute also maintains records of all children allocated to, and under the responsibility of, other facilities and keeps track of vacancies in individual institutes. The institute itself is internally divided into workplaces of diagnostics, education, social work

and detention. The fundamental organizational unit of a Diagnostic Institute is the educational group.

The key tasks of a Diagnostic Institute in compliance with the law are:

- child's diagnostics – consists of examining a child by means of pedagogical, psychological and psychiatric tools;
- education – ascertaining the level of achieved knowledge and skills of a child, with respect to his/her age, and the individual prerequisites and capabilities, and defining the specific education needs;
- therapeutic activities – oriented towards remedying disorders in social relationships and in the behaviour of a child;
- organizational activities – allocating children, cooperating with the body of socio-legal protection of children;
- educational and social activities – relating to the child's personality, his/her family situation and socio-legal protection;
- coordinating activities – unifying the processes of other facilities within the territory of the Diagnostic Institute, synergy with state administration bodies and other persons involved in children's care.

(paragraph two, article 5 Act No. 109/2002 of Coll.)

Casuistry

Boy (14 years). His family is under the supervision of a body of socio-legal protection of children. In the past, the parents have not been able to ensure proper upbringing for their children. For this reason, both older siblings of the boy were ordered institutional education and placed in a Children's Home. The boy often runs away from home, has a high number of not-accounted-for absences from school. Several times, he was investigated for minor thefts. The boy ended up in a Diagnostic Institute (DI), initially as a preliminary measure. During his stay in DI, the boy is ordered to undergo institutional education. The primary task of the DI is to decide whether he will be placed in a Children's Home with his siblings or to a Children's Home with School. In favour of placing him in a Children's Home is the presence of his siblings, but his aggressive behaviour plays against it. The following decision of the DI depends on a complex set of diagnostics consisting of: reports of a psychologist, special-needs teacher – ethopedic, and reports of the educational group and of the teachers. Consequent to a team discussion, it is decided that the episodes of the boy's behaviour are severe to such a degree that they do not allow for his stay in a Children's Home.

Children's Home

A Children's Home is a co-ed facility, which accepts physically and mentally healthy children without major behavioural disorders and children who were ordered institutional education by the court. The Home fulfils, above all, the tasks of upbringing, education and social relations. In Children's Homes, it is allowed to establish minimum 2 and maximum 6 family groups. The basic organizational unit is a co-ed family group of children of usually various ages and sexes. One family group houses between 6 and 8 children. A suitable Home

for a child is selected in consideration of the distance to a pre-school, standard or special school, training or secondary school (depending on the age of the child). The stay of a child terminates with reaching maturity or at the age of 19 in case of official prolongation of the institutional education. Based on agreement between the adult client and Home, the departure may be postponed up to the age of 26 years under the condition of continual preparation for future profession.

Casuistry

Two siblings (boy -7 years, girl - 12 years). Parents neglect their upbringing. Both parents are strongly addicted to alcohol. Based on children's testimonies, parents come home late at night, sometimes they bring their friends. As they live in a one-room flat, children cannot sleep. That is why they often fail to attend school. Thanks to intervention by an employee of a body of socio-legal protection of children, the siblings were sent to a Diagnostic Institute. During their stay there, the court was considering institutional education. The court decided, among others, on the grounds of testimonies by the children, their parents, OSPOD (body of socio-legal protection of children) employees, psychological examination, the report of the DI and the report of an authorized expert in psychology. Based on the assembled materials, the court imposed institutional education on both children. Consequently, they were both placed in a Children's Home.

Children's Home with a School

This labelling replaced the former Children's Educational Institute. According to § 13 of Act No. 109/2002 of Coll., the purpose of a Children's Home with a School is to provide care to children on whom institutional education was imposed in case they have severe behavioural disorders or in case they require educational-therapeutic care due to their temporary or lasting mental disorders. Also, such Homes care for children with ordered protective education or for mothers who have severe behavioural disorders or who, due to their temporary or lasting mental disorder, require educational-therapeutic care for their children. These children are educated in a school, which is part of the Children's Home. Children placed in these facilities are usually between 6 years of age and the end of obligatory school attendance. In case that during the obligatory school attendance the reasons for placing the child in a school at a Children's Home with a School lapse, the child can be, based on a referral of the Home's headmaster, relocated to a standard school outside the Children's Home. The basic organizational unit of such a Home is a family group of minimum 5 and maximum 8 children. In case that a child cannot, after termination of school attendance, be educated at a secondary school outside the facility due to continuing severe behavioural disorders and does not conclude an employment contract, the child is then allocated to an Educational Institute.

Educational Institute

Institutional education of children between 15 and 18 years with severe behavioural disorders or with imposed protective education is provided by Educational Institutes, which are established separately for children with imposed institutional care or protective care, or also for under-age mothers with imposed institutional care or protective care and their children or for children requiring educational-therapeutic care. Based on Act No. 109/2002 of Coll., a child above 12 years of age can also be placed in an Educational Institute in case of imposed protective care where his/her behaviour shows such significant problems that the child cannot be placed in a Children's Home with School. The core activity of the Educational Institute is preparation for future profession. Such facility is provided with primary or special school, in certain cases a secondary school can be established as well.

Casuistry

Boy (16 years). The boy has been located to a Children's Home since the age of 6 years. Approximately since the age of 12, he has been showing certain occasional aggression towards other children. After terminating primary school, he entered a training school where his behavioural problems began to escalate and the school sent several complaints. Within the Children's Home, the boy became an aggressor and initiator of bullying. For these reasons and with the purpose of diagnosing his problems, the boy was sent to a Diagnostic Institute (such a stay was supposed to have preventive-exemplary character). After examination, the boy was sent back to the Children's Home; his behaviour, however, did not improve. After repeated diagnostics, he was allocated to an Educational Institute.

Further specification of facilities for adults

This paper does not have the capacity to introduce all facilities for adults, which are enumerated in the first part of the text. That is why we only decided for Halfway Houses and After-treatment Programmes. The reason for our selection is that the below-stated research was conducted in these facilities and also the fact that their clients are, in most cases, former clients of facilities for children and youth.

Facility of subsequent care – after-treatment programmes

Subsequent care or after-treatment programmes follow treatment of various addictions in mental hospital, therapeutic community or a specialised department in a prison. The clients of these programmes are often persons with disturbed psycho-social development. They are frequently people who underwent institutional education, people with criminal history, problems with aggression or with personality disorders where withdrawal from one's addictive substance discloses therapeutic potential and the true cause of the addictive behaviour. The purpose of such subsequent care is to maintain the changes that

were facilitated in a client during the treatment or, in some instances, spontaneously or after previous interventions (Kalina, 2003).

In the recent 10 to 15 years, subsequent care has been provided by after-treatment centres that offer a wide portfolio of services. Based on the concept of the Ministry of Labour and Social Affairs, subsequent care is, from the point of view of the overall effectiveness of addiction treatment, one of the most significant factors. In European countries, the transition of a client from treatment to subsequent care is regarded as the crucial moment of the entire therapy. This experience is identical with the practical providers of services for non-alcohol drugs operating in the Czech Republic. Ensuring sufficient capacity in the programmes of subsequent care in order to comply with the specific needs of clients and to logically enclose the chain of existing services is thus absolutely essential.

When handing over clients to programmes of subsequent care, continuity of the therapeutic effect should not be interrupted or disrupted and that is why it is highly desirable that the subsequent treatment centres communicate well and efficiently with the programmes and institutes from which they accept their clients. In an ideal case, a client should have the chance to contact the selected programme of subsequent care even before terminating the primary treatment. Likewise, the subsequent care team should be informed on the basic principles of the treatment programme which their future client underwent. A momentous aspect of the entire treatment process is then the recessing intensity of the client's support within subsequent care. In this way, a client has the chance to fully assume responsibility for his/her own life. What often happens in real life is that individual communities and mental hospitals inform their clients on the principles of after-treatment already in the course of the treatment and further on, they cooperate, on long-term basis, with the after-treatment centres.

Casuistry

Woman (24 years), addicted to Methamphetamine (Pervitin). She began to use Pervitin when she was 16 years old. At the age of 18, after a series of ineffective interventions on the part of her parents, she was deprived of a permanent address and started sharing a flat with other drug-addicts. At that time, she was in touch with street-workers from the K-centre and used them for changing the needles. At 20, the addiction culminated in health problems resulting in an attack of toxic psychosis. The woman was given a contact to a detoxification unit where she stayed for approximately two months. She was also given a contact to an ambulatory consultancy centre, which she occasionally visited. After some three months, she went back to Pervitin with renewed addiction leading to another hospitalization in a detoxification unit. Following the intervention of a psychologist, the woman understood the severity of her addiction and placed her application for enrolment in a therapeutic community where she stayed for almost a year. After this period of time, she was released. Because she had nowhere to go, she stayed overnight with her "good old friends", which lead to triggering her desire for drugs and resulted in yet another relapse and repetition of the treatment in the community. Only then the woman understood the

impossibility of returning to her former place of living and applied for a place in an after-treatment centre in a different town where she intends to start a new life.

Application part – Quality of after-treatment programmes in subsequent care (Michal Růžička, Kateřina Opavová, 2013)

Research objectives

The main objective of the research was driven by the question: What is the effectiveness of the after-treatment facilities in the eye of their clients? And in which fields after-treatment centres might improve their services so that the effectiveness is as high as possible?

Research methodology

We selected the questionnaire approach as a suitable research method. For the needs of this research, we created our own non-standardized questionnaire containing all types of questions, such as close-ended, half-close-ended, open-ended and scaled questions. The initial question searches for the source where the potential, current or former clients learnt about the existence of the after-treatment facility (question No. 1). Whether and how many times clients utilized the services of the after-treatment facility (questions No. 2 and 3) and which services provided there are, in their opinion, standard and which fall under above-the-standard category (question No. 4). Other questions refer to the individual services offered by the after-treatment facilities. Above all, the questionnaire aims at ascertaining the extent to which the individual services are important for the clients and the level of their satisfaction within their own personal priorities in a particular centre they visited (questions No. 6 and 7). Following questions are similar, only the investigation becomes deeper and focuses on the various parameters of the services provided (questions No. 8 and 9). The questionnaire also contains a set of questions concerning the client's own free time, the size of the place of living, the respective region, and education or profession (questions No. 12, 13, 14 and 15). The creation of the final version of the questionnaire was preceded by probe interviews with selected respondents of the research. Thanks to information gathered from the probe interviews, certain aspects of the questionnaire were accomplished; others were transformed or rephrased with the aim of better understanding. For reasons of limited capacity of the paper, it is not possible to present the questionnaire; it can be, however, forwarded to those interested.

Setting hypotheses

Hypotheses were set in such a way that it is possible, with their help, to describe the level of effectiveness of after-treatment facilities from the point of view of clients using their services.

H1: There is no statistically significant difference between the needs of clients and the offer of services of the particular subsequent care facility.

H2: Significance of parameters of services provided is comparable in clients without own experience with a subsequent care facility and in clients already visiting a particular facility.

Research group

The investigation attempts, by means of research methods, at answering the major question: What is the effectiveness of the subsequent care in after-treatment facilities in the eyes of their clients? The research group consists, logically, of clients of subsequent care in after-treatment facilities selected from current as well as former and future clients.

The research group comprised of men (N45) above 45 years of age, currently using the services of an after-treatment facility, men who used such services in the past but not anymore, or, on the other hand, men who are only considering using such a facility in future. Another common denominator of the monitored group is the fact that they are all men using the services of various after-treatment facilities exclusively in the Moravskoslezsky and Ústecký regions of the Czech Republic. Both of these regions are characterized by a high level of social risks.

Evaluation of hypothesis H1

H1₀: There is no statistically significant difference between the needs of clients and the offer of services of the particular subsequent care facility.

H1_A: There is a statistically significant difference between the needs of clients and the offer of services of the particular subsequent care facility.

Tab. 1

Contingency table of frequency with calculation of chi-squares for the total number of 1080 responses by 45 respondents for hypothesis H1

| | P Needs clients | of P Services offered | Σ |
|---|--------------------------------|--|----------|
| Non-existing/ important less | 156 | 98 | 254 |
| O | 127 | 127 | |
| (P-O) | 29 | -29 | |
| (P-O)² | 841 | 841 | |
| X² | 6.623 | 6.623 | |
| Important | 89 | 111 | 200 |
| O | 100 | 100 | |
| (P-O) | -11 | 11 | |
| (P-O)² | 121 | 121 | |
| X² | 1.21 | 1.21 | |

Tab. 1a

Contingency table of frequency with calculation of chi-squares for the total number of 1080 responses by 45 respondents for hypothesis H1 - continuation

| | | | | |
|-------------------------|-----------|-------|-------|-----|
| More/ important O | extremely | 295 | 331 | 626 |
| (P-O) | | 313 | 313 | |
| (P-O) ² | | -18 | 18 | |
| X ² | | 324 | 324 | |
| Σ | | 1.036 | 1.036 | |
| | | 540 | 540 | |

The critical value for the significance level 0.05 and 2nd degree of freedom $X^2_{(0.05)}(2)$ is 5.991. Calculated value of the test criterion X^2 is 17.738, i.e. it is valid: $X^2_{(0.05)}(2) < X^2$. It is obvious that the **zero hypothesis H1₀ is rejected.**

Evaluation of hypothesis H2

H2₀: Significance of parameters of services provided is comparable in clients without own experience with a subsequent care facility and in clients already visiting a particular facility.

H2_A: Significance of parameters of services provided is not comparable in clients without own experience with a subsequent care facility and in clients already visiting a particular facility.

Tab. 2

Contingency table of frequency with calculation of chi-squares for the total number of 1080 responses by 45 respondents for hypothesis H2

| | P Significance of services provided | P Satisfaction in a particular after-treatment facility | Σ |
|---------------------------------|---|---|-----|
| Non-existing/ important O | less | | 180 |
| (P-O) | 100 | 80 | |
| (P-O) ² | 90 | 90 | |
| X ² | 10 | -10 | |
| | 100 | 100 | |
| Important O | | | 423 |
| (P-O) | 171 | 252 | |
| (P-O) ² | 211.5 | 211.5 | |
| X ² | -40.5 | 40.5 | |
| | 1640.25 | 1640.25 | |
| More/ important O | extremely | | 927 |
| (P-O) | 494 | 433 | |
| (P-O) ² | 463.5 | 463.5 | |
| X ² | 30.5 | -30.5 | |
| | 930.25 | 930.25 | |
| Σ | 765 | 765 | |

The critical value for the significance level 0.05 and 2nd degree of freedom $X^2_{(0.05)}(2)$ is 5.991. Calculated value of the test criterion X^2 is 21.752, i.e. it is valid: $X^2_{(0.05)}(2) < X^2$. It is obvious that the **zero hypothesis H₂₀ is rejected**

Conclusion and discussion

The first hypothesis could not be accepted. The hypothesis H1 states: there is no statistically significant difference between the needs of clients and the offer of services of the particular subsequent care facility. It can be deduced, from the ascertained results after comparing the needs of clients and the services offered by the after-treatment facility, the offer of services drops behind significantly. To a certain extent, we can accept the occurrence of coincidence or simple dissatisfaction with a single facility. Nevertheless, it is improbable, although not impossible, in such a high number of respondents.

The second hypothesis, comparing the significance of services provided between clients without own experience with an after-treatment facility and their regular clients, could not be accepted either. The results of the chi-squares unambiguously confirm that the evaluation of the significance of individual parameters of the services varies substantially in these two groups of respondents. In addition, the filled-in questionnaires indicate that higher significance of the service parameters was claimed by those clients who already have own experience with after-treatment facilities.

What conclusive standpoint did we arrive at in the question: What is the effectiveness of after-treatment facilities? First of all, we concluded that the notion “effectiveness” is very broad and almost impossible to grasp in certain aspects. The effectiveness of programmes of subsequent care and after-treatment facilities cannot be evaluated precisely and unambiguously. What will be regarded as effective by one client may not be effective for another client. The research indicated certain directions to follow when searching the answer to the given question. It also showed certain stumbling blocks and weaknesses that can be shared by after-treatment facilities. Undoubtedly, the presented research is not sufficient for answering the posed question. To be capable of answering this question responsibly, international studies under the framework of a research of much wider character would be required.

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Michal Ruzicka

Institute of Special Education Studies Faculty of
Education, Palacky University, Zizkovo nam. 5, Olomouc,
77400, Czech Republic
Email: m.ruzicka@email.cz