

Zaporozhye State Medical University

Department of psychiatry, psychotherapy, general and medical psychology,
narcology and sexology

Approved on the methodical conference of department
psychiatry, psychotherapy, general and medical psychology,
addiction and sexology
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“ _____ ” _____ 2015 year

METHODOLOGICAL DEVELOPMENTS

for practical sessions on topics №3, №4 «The concept of psychosomatic disorders
and somatopsychic. Sex, age and profile features of patients "for the 4th year
students of the Medical Faculty (specialty "medicine")

Zaporozhye

2015

THEME: "Psychosomatic disorders and somatopsychic surgical patients"

Background: The term "Psychosomatics" was first used in the early XIX century. J.Heinroth (1818). A century in the medical lexicon introduced the concept of "Psychosomatic Medicine". The term "psychosomatic" first began to merge diseases such as coronary heart disease, hypertension, gastric ulcer and duodenal ulcer, asthma, psoriasis and others., A significant role in the pathogenesis of which play an adverse psychological effects. In modern medicine section psychosomatics are clinical, psychological, epidemiological and laboratory studies that illuminate the role of stress in the etiopathogenesis of systemic diseases patoharakterolohichnyh communication and behavioral characteristics with sensitivity or resistance to certain somatic diseases, addiction response to illness (sickness behavior) of type personal storage, the effect of some treatments (surgery, hemodialysis, etc.) on mental state. Practical skills possession identify psychological factors of psychosomatic diseases is necessary for the professional activity of the modern doctor.

Overall objective: To be able to recognize the psychological features of patients respond to various diseases, psychosomatic disorders detect and determine the tactics of the patient.

Educational goals and interdisciplinary integration

Specific objectives: know how	Objectives entry level: know as
1. To determine the psychological characteristics of patients with psychosomatic diseases.	1. Conduct research traits of patients (Department of Psychology) and anamnesis and clinical studies of patients with somatic disorders (Department of Internal Medicine)

	Propaedeutics)
2. Diagnose and correct personal qualities that lead to the emergence of psycho - somatic diseases. Identify the type and characteristics of psychological reactions to disease and the factors affecting it	2. Conduct patopsihologicheskikh and psycho-diagnostic research to identify emotions of anxiety and depression. To determine the type of relationship to disease (Psychology)
3. Evaluate the objective severity of the disease on the basis of complaints, objective research and data advisory opinions.	3. Identify complaints, medical history, conduct a physical examination of the patient, (Department of Internal Medicine Propaedeutics)
4. To ground the tactics of patients with psychosomatic diseases	4. Interpret data additional research methods (department of radiation surgery)

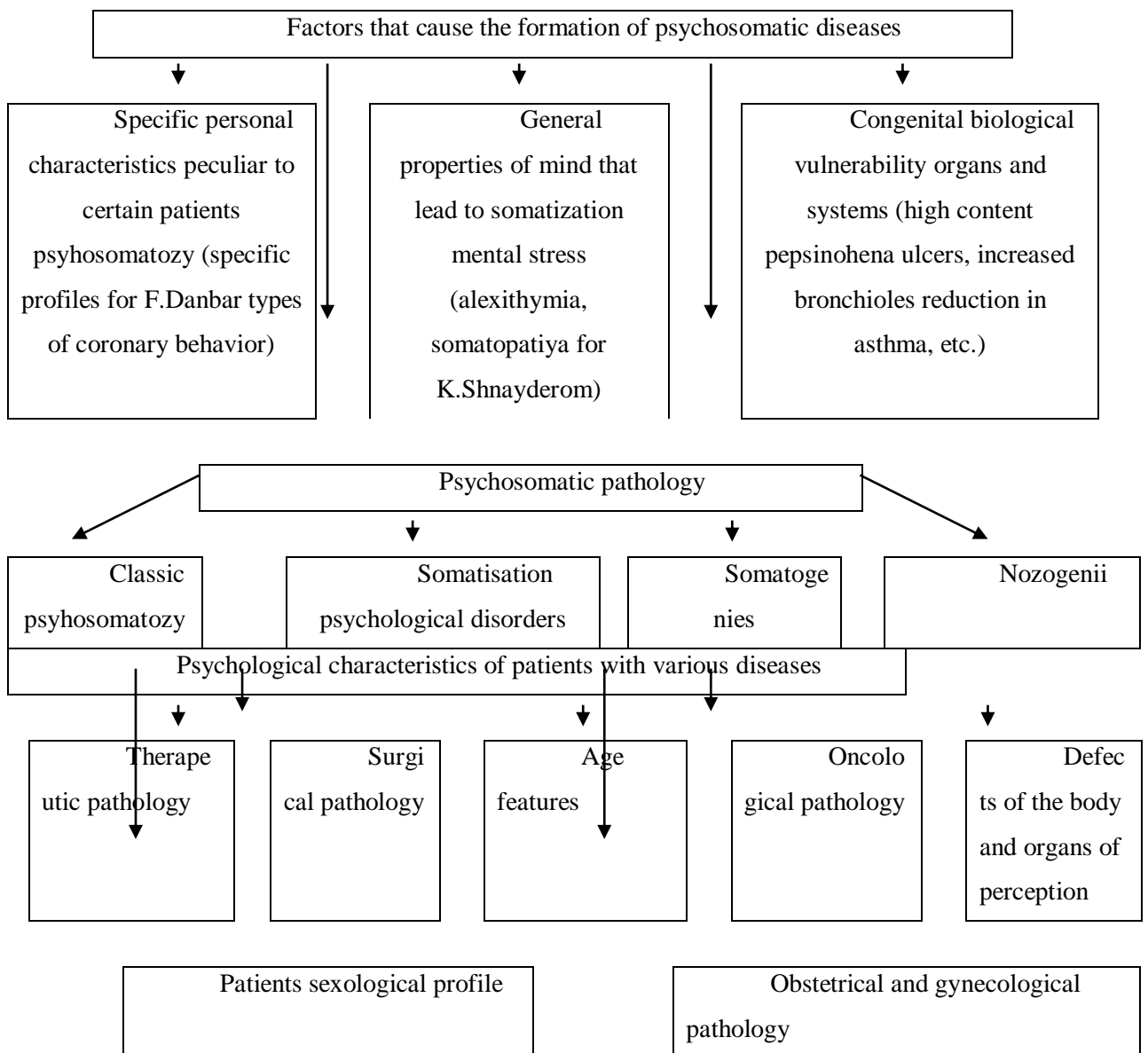
The content and structure of employment

Theoretical questions:

1. Psychosomatic approach as a principle of therapeutic activity.
2. Emotional stress as a factor in the pathogenesis of psychosomatic disorders.
3. The influence of psychological factors on the course of somatic disorders.
4. Theories psychosomatic relationships.
5. Mechanisms of psychological protection of the individual.
6. The concept of adaptation and exclusion.
7. Classification of psychosomatic disorders.
8. Nepatolohichni psychosomatic reaction.
9. Principles of prophylaxis of psychosomatic disorders.
10. Psychological changes in infectious diseases, tuberculosis, AIDS.

11. Psychological changes in female patients in the gynecological hospital.
12. Features of the psychology of sick children and the elderly.
13. Psychological characteristics of patients in the surgical hospital in pre- and postoperative period in orthopedics and traumatology.
14. Psychological characteristics of patients in dentistry, ophthalmology, otolaryngology.
15. Psychological characteristics of patients with cancer.

Count of logical structure of theme "Psychosomatic disorders. Psychological characteristics of patients with various diseases "



During psychosomatic disorders mean disorders symptoms and syndromes of somatic sphere (different organs and systems), which are caused by individual psychological characteristics of man and stereotypes associated with his behavior, reactions to stress and means of the processing of internal conflict.

Psychodynamic concepts and "specificity hypothesis" psychological factors in the genesis psychosomatoziv.

Search a meaningful, logical unambiguous connection between psychological phenomena and clinical symptoms called "psychosomatic hypothesis specificity" and become a basic explanatory principle Psychosomatic Medicine. Recently, this principle is more associated with a specific stress, which can be defined as unconscious conflict that causes disruption of homeostatic equilibrium and lead to disease.

The theory of disease-specific psychodynamic conflicts Alexander.

Alexander was a supporter of multifactor approach in psychosomatic medicine. He believed that the origin of the disease and is guided by three groups of variables. The first of these groups "personal disposition," which consists of childhood. The second group includes provoking emotiogenic life situation, when that - some experiences and facts preceding the illness, ozhyvlyuyuchy unconscious conflict. Alexander in the third group includes all physical conditions that make a constitution, "being subject to somatic" (Freud), or "organ inferiority" (Adler). This "vyrazkovist" body sometimes called "constitutional factor X" that defines "option symptoms."

The concept of "personality profiles" Flarens Dunbar.

F. Dunbar believed that emotion like that did not receive the appropriate expression, then chronic stress results in a chronic vegetative accompanying landslides. But unlike Alexander, she tried to find a correlation between somatic reactions and certain types of permanent personal parameters. 8 Dunbar describes personal konstellyatsiy "ulcer personality", "coronary personality", "arthritic personality", "a person who is prone to misery" and others.

The theory of conditioned reflexes and cortico - visceral theory. It has been experimentally shown that asthma attacks to the introduction of the antigen in the animals can be reflexively conditioned to associate with an acoustic signal in a few reinforcements. And if you get two of conditioned reflex of opposing reactions continue to provide appropriate stimuli at the same time, the experimental animals show behavioral and autonomic disorders to irreversible organic lesion (hypertension, myocardial infarction).

Chronic nonspecific stress.

By this concept known physiologist Hans Selye (1907 - 1982), used it to describe a universal physiological response of living things in a very strong load. He showed that regardless of the nature of the factor that vyzyvaye stress (physical overload, awareness of threats to life) in humans and animals included in the same processes that are designed to protect (the release of adrenal hormones, improve blood glucose, arterial hypertension and others.). H. Selye distinguished three phases of the response body: alarm reaction, reflecting the mobilization of reserves; phase resistance when it is possible to successfully overcome the difficulties in this phase the body is even more resistant to various harmful conduct (intoxication, blood loss, deprivation of food, pain, infections, cooling etc.) than in the normal state; exhaustion phase when due to excessive long or intense stress depleted adaptive capacity of the organism, reduces its resistance to disease and there are various signs of physical distress, loss of appetite, sleep disorders, disorders stool, weight loss, disorders of the cardiovascular system, gastro - intestinal tract and others.

Stress is not synonymous with distress, vol. Is. sorrow, unhappiness, indisposition, poverty, exhaustion. Stress - the pressure, voltage, and not just nervous overload or a strong emotional arousal. In life stressor can be enjoyable, so the occurrence of stress at all no matter what the result will be the impact of stressors on the body, pleasant or unpleasant. Moderate stress activation is a positive force that not only trains the adaptation abilities, but also enrich their knowledge of a person of real opportunities ("eustres" - positive, constructive

stress). Only distress always unpleasant. In life, when people talk about stress, they have in mind a lot of stress, distress, when a person is experiencing grief. The long-term existence of stress may develop functional and physical illness.

Theory alexithymia (Nemayya, Syfneos)

The term "alexithymia" (from the Greek. "A" -nezdatnist, «lexis» -slova, «thymos» - soul, mood, feelings) entered Nemayya (name anhlizovane the German Neumayer) and Syfneosa (NemiahandSifneos, 1970). It is believed that particularly prone to psychosomatic diseases aleksytymichni subjects. They are poor and lack of imagination vital emotional involvement in the objective situation, inability to empathy, they usually can not describe subtle nuances of their feelings and often do not find words to samovyslovlennya. They can speak only about specific facts or items, so they are not aware of their emotional conflicts and can not verbalize them, so psychosomatic disorders can be the result of accumulation of emotional stimulation.

Some authors distinguish primary and secondary alekytymiyu:

primary - for these or other reasons poor ability to understand and express feelings;

secondary - dominance in the development of protective mechanisms izbihannya, denial and isolation affect.

Aleksytymichna behavior is a risk factor for the development of psychosomatic illnesses that may be linked to other (both specific and non-specific) factors. In practice, measuring the level of alexithymia applied Toronto alexithymia scale (TAS).

Currently in Psychosomatic Medicine ideas get a lot of weight bahatofaktornosti psychosomatic disorders. All diseases are multifactorial genesis. Causal factors in disease are complex interactions and may be genetic, bacterial, immune, nutritional, psychological, conditioned behavior and social interactions.

Protective mechanisms

Alarm - a signal of danger, accompanied by a certain level of stress. Anxiety is also activates defense mechanisms (protection mechanisms).

Protective mechanisms - is defined methods aimed at reducing stress and anxiety. Freud wrote that "the defense mechanisms - a common name for all the special techniques used by the ego in the conflicts that can lead to neurosis." The function of defense mechanisms consists to prevent the realization of instinctual impulses, in other words, to protect the ego from anxiety.

All the defense mechanisms have two characteristics in common:

they operate on an unconscious level and is therefore a means of self-deception;

they distort, deny or falsify the perception of reality, making less alarming concern for the individual.

It should be said that people rarely use any single mechanism of defense, usually they use different mechanisms for conflict resolution or weakening anxiety.

In the literature, distinguish different kinds of defense mechanisms.

1. The displacement is seen as the foundation of all defense mechanisms, it provides a direct path and anxiety as part of the part of any other protective mechanism. Extrusion is a process by which unacceptable impulses are unconscious, try to avoid misrecognition by unpleasant thoughts and desires of those feelings and experiences that bring pain and suffering.

2. Projection - a process by which specific impulses, desires, the parties themselves or internal objects represented in some localized person external to the object itself. The projection of internal objects is that man ascribes his own unacceptable feelings, thoughts and behavior of other people. Projection characteristic of people with *zastryayuchymy* features, they are often measured as others envious, selfish, calculating, but rather all these features suited to them. These patients easily form their own concepts regarding the purpose doctor. The lack of improvement after treatment regarded them as a sign of incompetence of his malice on the part of doctors. The doctor is inclined to the projection, will not blame myself complications and patient.

4. Streamlining - the process by which the actual treatment given rationale that justifies not only his, but also masking his true motivation behavior is presented and explained in a way that is quite reasonable and justified. Proposed argument that is not logically justified and often does not hold water.

5. Identification - the process by which the alarm is removed by identification (identification) themselves with significant, important person, that person seems less vulnerable to anxiety situations, it can be expressed in imitating the style of behavior, manners, clothes of another person ("If I was so like him, he would feel a lot better").

6. Insulation - a protection mechanism by which a person obosiblyuye any event that brings her pain, prevents become significant part of their experience. Emotional isolation is an attempt to isolate the psychological pain a person is "indifferent" (the robot).

7. Jet formation - a process by which a person cope with unacceptable impulses by forming counter, turning the momentum in the opposite, exaggerating the opposite aspiration and expressing it in their thoughts and behavior.

8. Regression - the process by which the threat if a person tries to return to earlier periods of life when he felt more secure to the former "child" stereotype behavior.

9. fantasy is that people in dangerous situations trying to get rid of anxiety going in fantasy rather than real action.

10. Sublimation occupies a special place among the defense mechanisms. Freud saw sublimation as the only "no neurotic" mechanism, the only "healthy" way of transformation of instinctual impulses. He thought that it sublimation ensures the development of human culture as such. Sublimation helps defuse power instincts in socially acceptable (neinstynktyvnyh) forms of treatment and is the replacement needs that can not be met directly at socially acceptable goals, replacing instinctual ways of behavior on ways of dealing taken in culture by changing the purpose and object ' objects.

For an example of sublimation is comparable replacement. The person will experience severe irritation in relation to his boss, but he can not afford to discharge their aggressive impulses directly. If the discharge of this energy is just different, less dangerous object (eg, a man comes home and yells at his house or has a dog), then it is a replacement. If it is a socially acceptable way to discharge (for example, goes to the gym and is engaged in boxing), in this case we are dealing with the freeze.

Classification of psychosomatic disorders

In addition to various short-term psychosomatic reactions that occur in stressful situations (eg, heart in love or loss of appetite in the carefulness) distinguish four groups of disorders.

Conversion disorder - a symbolic expression of neurotic conflict Examples: hysterical paralysis, blindness, deafness, vomiting, pain. All of them - the primary mental phenomena without body tissues.

Functional psychosomatic syndromes (organ neuroses) often occur with nervousness, neurosis called neuroses such bodies or vegetonevrozah.

Historically, this group includes seven classical psychosomatic illnesses ("holy seven") ("Chicago Seven", by Alexander, 1968) .:

- essential arterial hypertension,
- bronchial asthma;
- duodenal ulcer and stomach;
- ulcerative colitis;
- atopic dermatitis;
- rheumatoid arthritis;
- diabetes.

Around this pole are diseases such as hyperthyroidism, uterine fibroids, coronary heart disease and others.

Psychosomatic disorders associated with emotional and personal characteristics and behavior -shylnist response to injury and other types of self-destructive behaviors (alcoholism, drug addiction, tabakokureniya, overeating to

obesity). For example, susceptibility to injury characteristic of people with qualities that are exactly the opposite. Increased food intake can be understood as an indicator of prestige, social position or replacement, compensation nevdovolstva.

Psychological characteristics of patients with surgical pathology

In the surgical clinic distinguish several stages of the patient. At the diagnostic stage physician must care about the impression that the patient will develop as a result of reports of diagnosis. Information about the diagnosis should be brought to the patient in the statements available to him, without excessive use of medical terminology, conclude a prognostic some guidance and a reminder of the possible complications (speed healing, infection, etc.) in the preoperative period features psychological state and mental types patient reactions divided into two stages: first - includes examination, further diagnosis and the need for surgery, the consent of the patient for surgery. The psychological state of patients at this stage is determined primarily emotional reactions. The second stage of preoperative preparation includes direct mode operation when a final decision on its implementation and reported terms. In clinical practice surgeon may occur in patients normosomatonozohnoziya, hipersomatonozohnoziya and hiposomatonozohnoziya or anosognosia.

The most common options hipersomatonozohnoziyi:

1. Reevaluation importance of operational risk.
2. Distrust of doctors, the diagnosis, the validity of surgery, accompanied by low mood and anger towards others.
3. Denial of requiring conscious coated with symptoms to avoid it.

Hiposomatonozohnoziya or anosognosia manifested in patients underestimate the severity of their condition. The most distinctive features of the psychology of the patient's surgical clinic considered ekspektatsii postoperative status, accompanied preoperative and postoperative anxiety. Adequate psychological prophylaxis and therapy can minimize surgical patient preoperative stress and even positively affect the results of surgery. In the postoperative period

features reactions, their severity and duration depend on the nature of the disease, postoperative flow, personal premorbid. On the mental state of the patient can also affect pain. Psychotic states can occur in older patients with symptoms of atherosclerosis and in patients who previously had alcohol abuse or alcohol addiction, diseases of the liver and kidneys, with pancreatic necrosis. Tactics doctor in the postoperative period should be aimed at creating positive emotions in the patient using the following factors: the patient must know the treatment plan from the doctor recommended treatment, diet, prospects prognosis and rehabilitation; requires a rational distribution of patients in wards considering the severity of their condition and psychological compatibility; compliance with all medical personnel principles of medical ethics.

In surgical practice common category of patients with "Munchausen syndrome".

We describe three variants:

- a) acute abdominal - ends laparotomy;
- b) hemorrhagic - bleeding simulation;
- c) neurological - simulation seizures and fainting.

Persons with "Munchausen syndrome" is distinguished from patients with hypochondria personal development real lack of concern for their own health, conscious deception and setting the operation to cause the interest of, get free food, lodging and care. Certainly this category of patients are persons with pathological character.

Psychological characteristics of patients in dentistry

Mouth and lip area belongs to the intimate area. It is directly related to feelings and loaded positive and negative affect. The intervention is perceived very close and personal under the decisive influence of the individual dentist. The teeth are valuable strength and potency in a broad sense, jewelry and beauty that goes beyond the anatomical structure and organization. Coming to the dentist is often stressful for the patient associated with the fear of waiting, tension and vegetative

dystonia and dental care, despite such ample opportunities today analgesia is still perceived by some patients as painful and even aggressive.

The first contact and the first conversation between the dentist and the patient may be decisive for the future conduct and course of the patient's therapy.

Dental care for children should begin already during the health education of mothers about the possibility of preventing damage to teeth. Settings parents on these issues significantly affecting the conduct of the child. Children are particularly vulnerable to the to design a treatment situation at the dentist their personal problems and fears. Adjust the position of teeth in children makes a child much greater requirements than dental treatment as a result of striking the teeth and equipment he often suffer from feelings of inferiority. With the formation of defects in the jaw of a child may be factors related to heredity, unresolved personal conflicts and difficulties of social inclusion deep early disturbances between mother and child.

In dental practice occurs category of patients who complain of pain, discomfort in the teeth, jaw, tongue, lips and other parts of the face, the cause of which is not clear, objective changes or do not meet the complaints of the patient. Much of these patients may suffer masked (larvovanoyu) depression. Actually mental manifestations of depression: depression, "dullness emotions", depressed mood and vital functions, perceptible is difficult even for an experienced psychiatrist. Sometimes just test treatment antidepressant drugs help to establish the correct diagnosis.

Psychological characteristics of patients in the oncology clinic

Cancer is life-threatening, severe disease.

In clinical oncology distinguish four groups of cancer patients:

1. patients with precancerous diseases;
2. patients with malignant tumors to be radical treatment;
3. The person who recovered from cancer;
4. patients with advanced forms of cancer to be symptomatic treatment.

Dedicated quality and personality traits that are dangerous to cancer. In the literature, this type is known as a C-type personality (from the Latin. Sancer - cancer and typos - image).

C personality type includes:

- A tendency to suppress negative emotions and hidden depending on others;
- Increased anxiety;
- Hnivelyvist, hostility (especially deliberately muted);
- Autoagression;
- Emotional excitability;
- (- Pessimistic attitude to life situations;
- Isolation;
- Expressed goodwill and sincerity unnecessary, excessive willingness to help;
- Susceptibility to depressive reactions;
- Religiosity;
- Low social activity and others.

Features of mental reactions at the stages of cancer disease. In cancer patients at all stages of the treatment process observed psychogenic reactions differ in the degree of severity, clinical manifestations and psychological content. The degree of reaction range from mild to severe, and, during the first refers to a set expressed mild disorders, neurotic approaching the level at power experiences a heavy degree of intensity is significant, reaching almost psychotic level. Intermediate position is the average severity of reaction, corresponding to a neurotic level. The leading disorder in these reactions include anxiety, sometimes reaching the level of fear or even terror, depressed mood (from sad, sad - a deep longing), apathy, sometimes dysphoria (chore-evil spirits). The degree of reaction and its symptoms are mainly associated with a particular stage of the treatment process and premorbid personality characteristics of patients. Situation meetings with cancer for each patient is definitely conflict, and this conflict is purely psychological, because first of all it is connected with the direct threat to life. The

patient, getting into a similar situation, in the face of danger feels anxiety and fear that often leads to fixation of mental disorders and disorganization of behavior. Threats to life leads to high levels of emotional stress and disruption significant relations person. In such a situation emerging psychological defense mechanisms - a special regulatory system whose main purpose is the elimination or significant reduction in anxiety associated with having a conscious conflict. Psychological protection as it is intended to enclose the patient's consciousness from those experiences that injure its substantial side mentality. Psychological protection at its origin and further development of a number of specific mechanisms, forms and types, namely "denial", "repression", "projection", "identification", "regression", "isolation", "rationalization", "conversion " etc. Psychological protection can be both successful and unsuccessful. The choice of compensatory mechanisms of cancer patients is usually on the unconscious level and associated with certain premorbid personality characteristics.

Provided the five phases of response to malignant neoplasms and cancer:

1 phase (anozohnozychna): appears after the first assumption of the presence of a malignant tumor patient. It is characterized by the presence of a denial of oncological diseases, decrease the severity of their condition, anosognosia, the conviction that the diagnosis is wrong;

Phase 2 (dysforichna), following the confirmation of the diagnosis, it turns violent protest, dysphoria, "a tendency to do acts of aggression against neighboring or yourself (such as suicide);

Phase 3 (autosuhestyvna): characterized by acceptance of the presence of the patient's malignancy and the need for long-term treatment in combination with "conduct bargaining" - "the main thing that was not pain";

4 phase (depression), following a long period of therapy and appears gradual loss of hope for recovery, the emergence of pessimism and depression passivity;

Phase 5 (apathetic): appear in the final stages of the disease, expressed

"Reconciliation" with the fate of the patient, making any outcome, accompanied by indifference regarding internal and external processes.

Number of suicide attempts for cancer far exceeds similar indicator for other somatic diseases. This fact indicates that, first, there are some distinctive features of mental experience in oncology, secondly, none of the existing disease does not pose such a powerful stress load as a malignant tumor. The frequency and severity of mental reactions to cancer pathology depends largely on the location and nature of the disease process, the presence of metastases and several other factors (AV Hnyezdylov). However, not only nature and localization of cancer affecting the frequency of mental disorders. The important role played by identity, presence pre-morbid accentuated rice (E.F.Bazhyn; Hnyezdylov AV). The clash with the diagnosis "cancer" is often a strong stress for any person and activates different psychological reactions. The process of experiencing situations of natural disease has several stages, each of which requires the organization of interaction with the patient according to his personality, so understanding the phases of illness experience is an important tool for making contact in the "doctor-patient".

There are the following phases:

1. Pre-diagnostic phase
2. Phase diagnosis
3. Phase treatment
4. Phase postoperative care (rehabilitation)
5. Progressive

Mental feelings and behavior of cancer patients during each phase of the treatment of individual, very different and depend on various factors (personal characteristics, previous experience, vulnerability patient age, sex, social status, treatment and course of the disease, weather, etc.). The complex treatment, including psychotherapy, actions should be carried out at all stages until the last moment of life.

The impact on the human psyche congenital and acquired physical defects
Despite various reasons and the appearance of a physical disability,
psychology of these patients have a number of common features and patterns.
Common features are characterological features, the formation of which play an
important role following factors: a) the environment (family, children's team,
school); b) samopoinformovanist, that their self-esteem defect by comparing the
physical health of those around peers.

The first factor in shaping the psyche of the child a key role. Even with a
supportive and friendly attitude of others, these children, especially teenagers,
emotionally very sensitive, vulnerable. This small image is perceived difficult, the
reaction in the form of anger and even aggression or alienation. Teenagers are very
sensitive to talk about appearance, exaggerate the importance of their existing
flaws, painted a tragic perspective. As a child, teenager often formed such traits as
suspiciousness or neglect their defect, bravado, as a kind of compensatory reaction.

The behavior of these people is in 2 types:

a) active type of behavior is manifested in the form of free, sometimes
cheeky behavior as compensatory psychological reactions of the individual;

b) passive, in which behavior is solitary in nature, with a tendency to
loneliness.

Both types of behavior always contain elements intravertovanosti. Severity
of traits depends on the type and weight of the defect, the attitude of parents,
relatives, doctor, teacher, educator that create psychological atmosphere of
goodwill, delve into the circle of interests and needs of the child, a teenager. At the
birth of a child with developmental disabilities often distorted interfamilial
relations and contacts with society.

information.

ORGANIZATION OF EMPLOYMENT

Determination of baseline knowledge.

Determining the source of knowledge held by addressing the students of tests. The teacher checks them according to the standards of answers, discusses the results.

Survey on main issues to one theme.

By individual survey for each student questions about topics class, the instructor is able to determine the theoretical knowledge of students. Answers discussed all students, supplemented, distributed under the guidance of a teacher.

Independent study students.

Students conduct a survey of patients on employment, giving attention to the complaints, history of life and disease, determine basic symptoms and syndromes that suggest the disease. Students determine the main directions of examination and treatment, offering individual and group drugs dose. During the self-study teacher corrects answers, discussing various options for psychotherapy and pharmacotherapy.

Analysis and outcome of students.

Summary of lessons conducted the final test control solution. Students are encouraged to solve STEP-format tests 1.2. The teacher validates the solution by the standards of answers. The analysis of each student in class.

Place and time of the class.

Classes are conducted with students during the schedule. Classes are held in the educational room. Curation of patients is in the palace of the psychiatric hospital departments.

Equipment classes.

1. Table.
2. Scheme.
3. Sets problems baseline.
4. Nabory final control tests.

Plan and organizational structure classes.

	The main stages of employment, their functions and content	each. aims at mastering levels	Control methods and learning	Materials methodological security (monitoring, visibility, instruktivnosti)
	<p>Preparatory stage arrangements</p> <p>Setting learning objectives and motivation</p> <p>Control of initial level of knowledge, skills and abilities:</p>	<p>I</p> <p>I</p> <p>II</p>	<p>Frontal individual oral express - poll</p> <p>Test Control Level II</p> <p>The solution of typical problems II</p>	<p>P.1 urgency</p> <p>P2 educational goals</p> <p>Tables, figures, structural logic, medicines, slides</p> <p>Questions for individual poll</p> <p>Tests and objectives Level II</p>
	<p>The main stage Formation of professional abilities and skills:</p> <p>1.Ovolodinnya method of carrying out purposeful conversation.</p> <p>2.Sformuvaty ability to conduct comprehensive (affordable student level) examination status of the patient, interpret their data.</p>	<p>II</p> <p>II</p> <p>II</p>	<p>Professional training for the patient. Solving problems of tests and III level.</p> <p>Professional training in dealing atypical clinical situations</p>	<p>Algorithms (focus map) for the formation of practical skills.</p> <p>Patients</p> <p>Medical history, examination and treatment protocols</p> <p>Tests and custom task level III</p> <p>Simulation games</p>
	<p>The final stage Control and correction of mastering of professional</p>	<p>II</p>	<p>Individual control skills or their results.</p>	<p>Results of clinical work</p>

abilities and skills Summarizing lessons (theoretical, practical, organizational) Homework (basic and additional literature on the subject)		Analysis and evaluation of clinical work Decision atypical problems III level. Test control III level.	Challenges III level Tests III level Approximate map for independent work with literature
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To assess control the output level of knowledge and of learning material that is described above, there are examples of these tasks:

Tests 1 and 2 level:

1. Ideas intrapersonal conflict (presence of the human psyche in two identical motifs in strength but opposite in direction) are typical for next psychosomatic theory:

- A. cortico-visceral
- B. psychoanalytic
- C. neurophysiological
- D. Sotsiopsyhosomyky
- E. System-theoretical model

2. psychological defense mechanism in which the process of involuntary removal of a unconscious unacceptable thoughts, motives or feelings, called:

- A. Displacement
- B. Regression
- C. Intraproektsiyeyu
- D. Rationalization
- E. intellectualization

3. basic parameters of person, prone to the formation of hypertension, is:

- A. The collision of two mutually exclusive needs (care and independence)
- V. interpersonal tension between aggressive impulses, on the one hand, and a sense of dependence on the other
- C. The contradictions between the "desire of tenderness" and "fear of tenderness"
- D. The feeling of chronic dissatisfaction
- E. Passivity, difficulty in self-assertion

4. In consultation with a dermatologist to have 12 summer girl suffering from acne. The mother is concerned that her daughter refused to go to school because her classmates annoying, do not want to communicate with her. The mood of the child brought down, said: "I'm ugly." What pathology for teens is the most difficult psychologically:

- A. Sexual Disorder
- B. Diseases that change appearance
- C. Cancer
- D. Myocardial
- E. Stroke

5. Patient F, 43 years old., For the past 2 months regularly visits the surgeon, insisting on carrying out surgery on the stomach pathology, despite medical consultation reasoned conclusion not to conduct this type of treatment. Constant and irresistible urge to succumb to human surgery on the imaginary of the disease called:

- A. Simulation
- B. Ahravatsiynym syndrome
- C. hypochondriac syndrome
- D. Syndrome Ashafenburha

E. Syndrome Munchausen.

7. In which type of accentuation often formed dependence on South Africa:

- A. stimulant
- B. pointedly
- C. What gets stuck
- D. Hipertymnomu
- E. Exalted

8. Why is sotsiokulturalna theory dependence on South Africa:

- A. The study style family relationships
- B. The study of social anomie
- C. phenomenon hypo- or giperopeka
- D. The influence of habitat
- E. Violation of early childhood development

9. What premorbid personality traits contribute to the development of anorexia nervosa:

- A. gipertimnogo
- B. Obsessive-phobic
- C. schizoid
- Conspicuous D.
- E. Exalted

10. Why is the development of computer addiction:

- A. The presence of virtual reality
- B. The presence of the phenomenon of "imaginary friend"
- C. Violation of social adaptation
- D. Development of mental pathology

E. The high suicide risk

11. Suicidal behavior associated with the crisis in the lives and personal tragedies, called:

A. Psychogenic

B. Selfish

C. altruistic

D. Dystymichna

E. anemic

12. What type of psychopathological reactions is most common in dying patients:

A. Dysforichnyy

B. obsessive-phobic

C. apathetic

D. asthenic-depressive

E. Anxious-depressive

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