

**MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE
MYKOLAIV NATIONAL UNIVERSITY
NAMED AFTER VO SUKHOMLINSKY**

Department of Psychology

**EDUCATIONAL AND METHODOLOGICAL COMPLEX
THE
OF EDUCATIONAL DISCIPLINE
PSYCHOSOMATICS**

For the specialty: 053 "Psychology"

Authors:
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Approved at the meeting of the Department of Psychology
Minutes from "27" August 2020 №2

Mykolaiv – 2020

Contents of the educational and methodical complex

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Excerpt from the OPP

The purpose of the course "Pathopsychology and psychosomatics": to acquaint students with the areas of psychological support for people with special needs and the peculiarities of the organization of psychological assistance to persons; methods and techniques necessary for solving practical problems of psychological rehabilitation work; to promote the development of personal and professional qualities of future practical psychologists, their further self-education.

Objectives of the course "Pathopsychology and Psychosomatics":

- to master the fundamental theoretical foundations of rehabilitation psychology and psychiatry;
 - to form an idea of the place of rehabilitation psychology of people with special needs in the context of other psychological disciplines, the relationship with other related disciplines;
 - to acquaint students with the basic concepts and problems of rehabilitation psychology of people with special needs;
 - to acquaint students with the general psychological fundamental problems solved by psychological support of persons with special needs;
 - to form an idea of the classification of anomalous disorders, criteria of norm and anomaly;
 - to acquaint students with the basic principles and methods of rehabilitation activities of a psychologist in working with people with special needs;
 - to form an idea of the methodological principles and technology of psychological support of people with special needs.

Extract from the EQF

According to the requirements, the student acquires the following *competencies*:

General competencies:

1. Ability to apply knowledge in practical situations.
2. Knowledge and understanding of the subject area and understanding of professional activity.
3. Skills in the use of information and communication technologies.
4. The ability to learn and master modern knowledge.
5. Ability to be critical and self-critical.
6. Ability to make informed decisions.
7. Ability to generate new ideas (creativity).
8. Interpersonal skills.
9. Ability to work in a team.
10. The ability to exercise their rights and responsibilities as a member of society, to realize the values of civil (free democratic) society and the need for its sustainable development, the rule of law, human and civil rights and freedoms in Ukraine.
11. Ability to preserve and increase moral, cultural, scientific values and achievements of society based on understanding the history and patterns of development of the subject area, its place in the general system of knowledge about nature and society and in the development of society, technology and technology, use different types and forms of motor activities for active recreation and a healthy lifestyle.

Professional competencies:

1. Ability to operate with a categorical-conceptual apparatus of psychology.
2. Ability to retrospective analysis of domestic and foreign experience of understanding the nature of the origin, functioning and development of mental phenomena.

3. Ability to understand the nature of behavior, activities and deeds.
4. Ability to independently collect and critically process, analyze and summarize psychological information from various sources.
5. Ability to use valid and reliable psychodiagnostic tools.
6. Ability to independently plan, organize and conduct psychological research.
7. Ability to analyze and systematize the results, formulate reasoned conclusions and recommendations.
8. Ability to organize and provide psychological assistance (individual and group).
9. Ability to carry out educational and psychoprophylactic work in accordance with the request.

**MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE
MYKOLAIV NATIONAL UNIVERSITY IN THE NAME OF
V.O. SUKHOMLYNSKY**

Department of Psychology and Social Sciences

APPROVE

Vice-rector for scientific and pedagogical work

_____ **O.A. Kuznetsova**

2020

**CURRICULUM
PSYCHOSOMATICS**

Master's Degree

Specialty 053 Psychology

Educational program Psychology

Mykolayiv 2020

PROGRAM DEVELOPER: Savenkova I.I, Doctor of Psychology. Ph.D., Head of the Department of Psychology, Didukh M.L, Doctor of Psychological Sciences, Professor.

The program was approved at a meeting of the Department of Psychology Protocol from August 28 2020 №1 Head of the Department of Psychology and Social Sciences _____ (Savenkova I.I)

REVIEWER: Head of the Department of Practical Psychology, Doctor of Psychological Sciences, Professor Olga Vladimirovna Lozova

Professor of the Department of English Philology and Translation, Borys Hrinchenko University of Kyiv, Doctor of Philology, Professor Nadiya Fedorivna Gladush

The program is approved by the educational and methodical commission of the faculty of pedagogy and psychology:

Protocol from August 28 2020 №1 Chairman of the educational and methodical commission of the faculty _____ Chuhuyeva I.E.

The program was approved by the educational and methodical commission of the university

Protocol from August 28 2020 №1 Chairman of the educational and methodical commission of the university _____ (O.A. Kuznetsova)

Annotation

The discipline allows students to get acquainted with the main provisions of this discipline, in particular with its conceptual apparatus, methodology, the most general information; preparation of students for a scientifically sound solution of a whole set of topical problems, which are designed to solve practical psychology both in educational and other institutions of society; activation of the development of cognitive processes, correction of mental processes to reach the level of the age norm.

Keywords

Special needs, inclusion, Down syndrome, cerebral palsy, musculoskeletal system, cerebral palsy, auditory function,

visual-motor coordination, GRDU, anxiety.

INTRODUCTION

The program of studying of a variable educational discipline "Psychosomatics" is made in accordance with the educational-professional program of preparation of the degree of master's specialty 053 Psychology, educational program Psychology.

The subject of study of the discipline are: psychosomatic diseases. Interdisciplinary links: age psychology,

clinical psychology, pathopsychology, traumatic psychology, family psychology, neuropsychology.

1. The purpose and objectives of the discipline

1.1. The purpose of the course is: to acquaint students with the main provisions of this discipline, in particular with its conceptual framework, methodology, the most general information; preparation of students for a scientifically sound solution of a whole set of topical problems, which are designed to solve practical psychology both in the clinic and in other institutions of society; intensification of the development of cognitive processes, rehabilitation of persons with mental disorders before reaching the level of the age norm.

1.2. Course objectives:

1. Mastering and further free operation of professional terminology used in the field of clinical psychology.
2. Study of theoretical aspects and practical algorithms of psychodiagnostics of psychosomatic disorders that contribute to the clinical and psychological support of clients with psychosomatic disorders.
3. Formation of students' skills of primary and secondary psychological examination in order to determine the level of psychological assistance.
4. Psychodiagnostics of persons with psychosomatic disorders: social and clinical aspect;
5. Psychodiagnostics aimed at correcting disorders of cognitive mental processes: assistance in the formation of personal determination, determination and perseverance;
6. Psychodiagnostics aimed at correcting the behavioral sphere: the formation of skills of effective communication and behavior, the development of the ability to understand the causes of their own behavior, to find constructive ways out of conflict situations;
7. Practical adaptation of a person to life in society, the formation of knowledge and skills that promote social adaptation.

1.3. According to the requirements of the educational-professional program the student acquires the following competencies: I. General subjects:

- **Work independently, take the initiative and manage time.** Ability to organize complex tasks over a period of time and present results on time.

- **Analysis and synthesis.** Ability to analyze and synthesize based on logical arguments and verified facts.

- **Flexibility of thinking.** Acquisition of flexible thinking, openness to the application of psychological knowledge and competencies in a wide range of possible jobs and in everyday life.

- **Group work.** Ability to perform tasks in a group under the guidance of a leader, similar skills that demonstrate the ability to take into account the strict requirements of discipline, planning and time management.

- **Communication skills.** Ability to communicate effectively and to present complex information in a concise form orally and in writing, using information and communication technologies. Work with others in a multidisciplinary and multinational environment.

Ethical attitudes. Adherence to ethical principles both in terms of professional honesty and in terms of understanding the possible impact of the achievements of psychology on the social sphere.

II. Professional:

- Identification of persons in need of rehabilitation and interaction with others; determining the causes of these difficulties; if necessary, referral to appropriate specialists to determine the causes and provide assistance.

- Identifying the cause of social unhappiness or impairment of mental development through rehabilitation.

- Isolation of psychodiagnostic criteria for appropriate rehabilitation measures.

- Participation, within the limits of the competence, in drawing up of development of complex clinical and social psychodiagnostic work with persons with psychosomatic patients.

- Participation in the preparation of documents for consideration at meetings of psychological and medical consultations, development of protocols for clinical and social rehabilitation of patients in the clinic.

- Acquaintance with conclusions and recommendations of clinical psychologists concerning psychological support of persons with psychosomatic disturbances.

- Participation in the development of the necessary program of social adaptation of persons to life in society, namely, the development of psychological measures to take into account the peculiarities of the mental state of the person in determining the forms and methods of working with it.

- Providing, within its competence, consultative and methodological assistance to a psychologist in working with persons with psychosomatic disorders.

- Establishing cooperation with doctors who directly provide medical care to persons with psychosomatic disorders and participate in the development of individual socio-psychological rehabilitation measures. 90 hours / 3 ECTS credits are allocated for the study of the academic discipline.

2. Information volume of the discipline

Topic 1. Classification of psychosomatic disorders: The concept of "psychosomatic disorders". Psychological status of a person with psychosomatic disorders. Psychological support of people with psychosomatic disorders. The main areas of work of a clinical psychologist who carries out rehabilitation measures.

Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support: Psychosomatic problems of people with special needs. Criteria for psychological diagnosis of people with special needs. Psychological assistance to people with special needs. Social adaptation of people with special needs.

Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders: Psychodiagnostic criteria for the diagnosis of persons with psychosomatic disorders. Directions of rehabilitation measures. Comprehensive program of clinical and social rehabilitation measures. Techniques.

Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system: Types of psychosomatic disorders. Characteristics of cognitive activity of persons with psychosomatic disorders. Clinical and social rehabilitation of such persons.

Topic 5. Psychological support of people with diseases of the gastrointestinal tract: Types of disorders. Typical

deviations of mental development. Features of psychological and pedagogical work with children with psychosomatic disorders. Clinical and social rehabilitation of such persons.

Topic 6. Psychological support of persons with musculoskeletal disorders: The concept of "cerebral palsy". Psychological diagnosis of persons with musculoskeletal disorders. Study of the subject activity of a young child with cerebral palsy.

Topic 7. Psychological support of people with attention disorders: The concept of hyperactive disorder and attention deficit (GRDU). Features of the development of the emotional and personal sphere of children with impaired attention. Level of personal anxiety (situational anxiety). Predisposition to aggressive behavior. Clinical and social rehabilitation of such persons.

3. Recommended Books

Basic

1. Mykhailiuk O.A. Psychosomatics: [textbook] / O. A Mykhailiuk. - K.:science, 2016.- 96 c.
2. Maksymelyuk M.K Psychosomatic disorders: [textbook] / M.K Maksymelyuk. - Odessa: Astroprint, 2018. - 224p.
3. Martynenko OA How to teach your child to communicate and be friends: [practical guide]/ OA Martynenko - H.: Publishing House "Morning", 2016. - 128 p.
4. Mikhalsky A.V Psychosomatics: [textbook]/ A.V Mikhalsky - K.:Education, 2017 -192 p.
5. Nestik T.A Attitude to psychosomatic disorders: [textbook] / T.A. Nestik. - Minsk: Inst. Of Psychology, 2015. - 293p.
6. Psychological and pedagogical support of children with psychosomatic disorders: [Methodical collection]/Author's team: T.Yu. Ostrovskaya, L.Ya. Kuharenko, B.B. Levchenko, SL Kuznyakova, DS Panchenko, VO Bahaev, AI Paterilo-Kremenichuk, 2014.-68 p.
7. Turishcheva L.V Attention! Special children with psychosomatic disorders: [Trainings in pedagogical practice] / L.V Turishcheva - Kh.: Ed. Osnova group, 2016. - 128 p.
8. Huhlaeva O.B. Little games in great happiness. How to preserve the mental health of a preschooler: [Program] / OV Huhlaeva, O.E. Huhlaev, И.М. Pervushina - M.: April Press, Izd-vo EXMO-Press, 2015. - 224 p.
9. Tsukanov BI Time in the human psyche: [Monograph] / BI Tsukanov. - Odessa: Astroprint, 2017. - 220 p.

Supporting literature

1. Bondar V. Integration of children with mental and physical disabilities in secondary schools: pros and cons // Defectology. - 2013. - №3. -C.2-5.
2. Vygotsky LS Basics of defectology: [student for universities] / LS Vygotsky. - CPb.: Lagn, 2015. - 654 c.
3. Defectological dictionary: [textbook] / Edited by VI Bondar, V.M. Sinyova - K.: "MP Lesya", 2014. - 528 p.
4. Dmitriev AA On some problems of integrated education of children with special educational needs: "textbook" - St. Petersburg.: Doe, 2016. - 654 pp.
5. Doppler D., Lorman T., Sharma U. Rethinking the support services of specialists in inclusive classes./ Defectology - № 3 - 2014.- P.12-23.
6. Ilyina OM Psychosomatic unity of the person / Psychosomatics, № 5 - 2018.-C34-38.
7. Integration of children with disabilities into the environment of healthy children.// Education and training of children with developmental disabilities -№9. - 2014.- P.67-71.
8. Ilyashenko T. Integration of children with special educational needs: "textbook" - 2013. - 321p.

9. Ilyashenko T. Integration of children with special educational needs in secondary school: the role of school psychologist./Psychosomatics, № 19 - 2016.- P.22-32
10. Ilyashenko T. Issues of integration of special and mass school and organization of assistance to children with learning difficulties./Defectology № 1 - 2017.
11. Inclusive approach as a basis of education for all children./ Based on the materials of the All-Ukrainian Foundation "Step by Step". –№ 2 - 2018.- P.25-29.
12. Kolupaeva AA Basic conceptual and terminological definitions of inclusive education./ Defectology №2 - 2015.
13. Kolupaeva AA Inclusive education: realities and prospects: Monograph. - K .: "Summit Book", 2015. - 272 p.
14. Kolupaeva AA Organizational and pedagogical conditions of integration of children with peculiarities of psychophysical development in the general educational space // D. № 4 – 2015
15. Kolupaeva AA Actual problems of education and upbringing of people with special needs: - K .: University "Ukraine", 2014. - 448 p.
16. Malofeev NN The modern stage of educational integration - modern instrumental possibilities./ Defectology - № 6 - 2018.
17. Malofeev NN, Shmatko ND Basic models of integrated learning./ Defectology - № 1 - 2018.
18. Malofeev NN, Shmatko ND Basic models of integrated learning./ Defectology - № 2 - 2018.
19. Matveeva M., Mironova S., Grechko L. Psychocorrectional work in the conditions of integrated learning // Defectology - № 3 – 2017
20. Pastorova A.Yu. Psychological and psychophysical characteristics of preschoolers with normal development in integration groups // Defectology - № 6 - 2018.
21. Rachova N. Socio-pedagogical support of children with special needs./ Defectologist - №10 - 2017.- P.65-72.
22. Solovyov Yu. Integration of children with developmental disabilities into modern society./ Defectologist - № 12 - 2017. - P.88-91.
23. Sorokin VM Special psychology: Textbook. manual / Under scientific. ed. L.M. Shipitsyna. - СПб .: Речь, 2014 - 216 с.
24. Shevtsov A. Methodology of social rehabilitation of persons with disabilities./Psychosomatics. - № 19 - 2016.- P.22-54.

Information resources

<http://ussf.kiev.ua/>

http://www.pedlib.ru/Books/3/0485/3_0485-72.shtml

<http://www.ikpp.npu.edu.ua/>

<http://edu.resobr.ru/archive/year/articles/1910/>

<http://zakon1.rada.gov.ua/>

<http://www.mon.gov.ua/>

<http://www.canada-ukraine.org/>

<http://www.defectology.ru/>

http://www.education-inclusive.com/uk/project_rationale.php

<http://www.disabilitystudies.ca/>

http://ispukr.org.ua/institut_specialnoyi_pedagogiki_apn_ukrayini.html

4. Form of final control of academic performance: credit system, exam.

5. Means of diagnosing learning success: control work (CR), current survey, testing, IDP, dictionary.

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Faculty of Pedagogy and Psychology
Department of Psychology and Social Sciences

APPROVE

Vice-rector for scientific and pedagogical work

O.A. Kuznetsova

August 28 2020

CURRICULUM
PSYCHOSOMATICS

Master's Degree"

Field of knowledge 05 Social and behavioral sciences

Specialty 053 Psychology

Educational program Psychology

2020 – 2021 academic year

Developer: Savenkova Irina Ivanovna, Doctor of Psychological Sciences, Head of the Department of Psychology _____ (Savenkova I.I)

The program was approved at a meeting of the Department of Psychology Protocol from August 28 2020 №1

Head of the Department of Psychology and Social Sciences _____ (Savenkova I.I)

Annotation

The discipline allows students to get acquainted with the main provisions of this discipline, in particular with its conceptual apparatus, methodology, the most general information; preparation of students for a scientifically sound solution of a whole set of topical problems, which are designed to solve practical psychology both in educational and other institutions of society; activation of the development of cognitive processes, correction of mental processes to reach the level of the age norm.

Keywords

Special needs, inclusion, Down syndrome, cerebral palsy, musculoskeletal system, cerebral palsy, auditory function, visual-motor coordination, GRDU, anxiety.

1. Description of the discipline

Full-time education

Name of indicators	Field of knowledge, educational degree	Characteristics of the discipline
Number of credits - 3	Field of knowledge 05 Social	Variable

	and behavioral sciences	
	Specialty: 053 Psychology.	<i>Year of preparation:</i>
		2nd
Individual research task - Development of a program of rehabilitation work with people with psychosomatic diseases		<i>Semester 3rd</i>
The total number of hours is 90		<i>Lectures</i>
Weekly hours for full-time study: classroom - 2 independent work of the student - 4	Degree master's degree	<i>8 hours</i>
		<i>Practical, seminar</i>
		<i>22 hours</i>
		<i>Laboratory</i>
		-
		<i>Independent work</i>
		<i>60 hours</i>
		<i>Type of control: exam</i>

Language of instruction: Ukrainian

Note.

The ratio of the number of hours of classroom classes to independent and individual work is: for full-time study - 90 hours: 30 hours. - classroom, 60 hours. - independent work. 20% / 80%

External form of education

Name of indicators	Field of knowledge, educational degree	Characteristics of the discipline
Number of credits - 3	Field of knowledge 05 Social	Variable

	and behavioral sciences	
	Specialty: 053 Psychology.	<i>Year of preparation:</i>
		2nd
Individual research task - Development of a program of rehabilitation work with people with psychosomatic diseases		<i>Semester 3rd</i>
The total number of hours is 90		
	Degree master's degree	<i>Lectures</i>
		<i>4 hours.</i>
		<i>Practical, seminar</i>
		<i>2 hours.</i>
		<i>Laboratory</i>
		-
		<i>Independent work</i>
	<i>84 hours.</i>	
		<i>Type of control: exam</i>

Language of instruction: Ukrainian

Note.

The ratio of the number of hours of classroom classes to independent and individual work is: for full-time study - 90 hours: 6 hours. - classroom, 84 hours. - independent work 44% / 56%

2. Purpose, objectives of the discipline and expected learning outcomes

The purpose of the course: to acquaint students with the main provisions of this discipline, in particular with its conceptual apparatus, methodology, the most general information; preparation of students for a scientifically sound solution of a whole set of topical problems that are designed to solve practical psychology both in the clinic and in other institutions of society; intensification of the development of cognitive processes, rehabilitation of persons with mental disorders before reaching the age norm.

Course objectives:

- mastering and further free operation of professional terminology used in the field of clinical psychology.

- study of theoretical aspects and practical algorithms of psychodiagnostics of psychosomatic disorders that contribute to the clinical and psychological support of clients with psychosomatic disorders.
- formation of students' skills of primary and secondary psychological examination in order to determine the level of psychological assistance.
- psychodiagnostics of persons with psychosomatic disorders: social and clinical aspect;
- psychodiagnostics, aimed at correcting disorders of cognitive mental processes: assistance in the formation of personal determination, determination and perseverance;
- psychodiagnostics aimed at correcting the behavioral sphere: the formation of skills of effective communication and behavior, the development of the ability to understand the causes of their own behavior, to find constructive ways out of conflict situations;
- practical adaptation of a person to life in society, the formation of knowledge and skills that contribute to social adaptation.

Prerequisites for studying the discipline: general psychology, age psychology, psychodiagnostics, psychology of training work, neuropsychology.

The discipline consists of 3 credits.

Expected learning outcomes:

1) possession of modern technologies of diagnostics and organization of scientific research in the activity of a psychologist;

2) The ability to organize and carry out psychological services.

According to the requirements of OPP the student masters the following **competencies:**

I. General subjects:

- work independently, take the initiative and manage time. Ability to organize complex tasks over a period of time and submit results on time;
- analysis and synthesis. Ability to analyze and synthesize based on logical arguments and verified facts;
- flexibility of thinking. Acquisition of flexible thinking, openness to the application of psychological knowledge and competencies in a wide range of possible jobs and in everyday life;
- communication skills. Ability to communicate effectively and to present complex information in a concise form orally and in writing, using information and communication technologies. Work with others in a multidisciplinary and multinational environment;
- ethical attitudes. Adherence to ethical principles both in terms of professional honesty and in terms of understanding the possible impact of the achievements of psychology on the social sphere.

II. Professional:

- identification of the cause of social unhappiness or impairment of mental development through rehabilitation;
- identification of psychodiagnostic criteria for appropriate rehabilitation measures;
- participation, within the limits of the competence, in drawing up of development of complex clinical and social rehabilitation work with persons with special needs;
- participation in the preparation of documents for consideration at meetings of psychological, medical and pedagogical consultations, development of protocols for clinical and social rehabilitation of patients in the clinic;
- acquaintance with the conclusions and recommendations of clinical psychologists-rehabilitation specialists on psychological support of persons with special needs;
- participation in the development of the necessary program of social adaptation of persons to life in society, namely, the development of rehabilitation measures to take into account the characteristics of the mental state of the person in determining the forms and methods of working with it;
- providing, within its competence, consultative and methodological assistance to a psychologist in working with persons with special needs

2. Information volume of the discipline

Topic 1. Classification of psychosomatic disorders: The concept of "psychosomatic disorders". Psychological status of a person with psychosomatic disorders. Psychological support of people with psychosomatic disorders. The main areas of work of a clinical psychologist who carries out rehabilitation measures.

Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support: Psychosomatic problems of people with special needs. Criteria for psychological diagnosis of people with special needs. Psychological assistance to people with special needs. Social adaptation of people with special needs.

Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders: Psychodiagnostic criteria for the diagnosis of persons with psychosomatic disorders. Directions of rehabilitation measures. Comprehensive

program of clinical and social rehabilitation measures. Techniques.

Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system: Types of psychosomatic disorders. Characteristics of cognitive activity of persons with psychosomatic disorders. Clinical and social rehabilitation of such persons.

Topic 5. Psychological support of people with diseases of the gastrointestinal tract: Types of disorders. Typical deviations of mental development. Features of psychological and pedagogical work with children with psychosomatic disorders. Clinical and social rehabilitation of such persons.

Topic 6. Psychological support of persons with musculoskeletal disorders: The concept of "cerebral palsy". Psychological diagnosis of persons with musculoskeletal disorders.

Study of the subject activity of a young child with cerebral palsy.

Topic 7. Psychological support of people with attention disorders: The concept of hyperactive disorder and attention deficit (GRDU). Features of the development of the emotional and personal sphere of children with impaired attention. Level of personal anxiety (situational anxiety). Predisposition to aggressive behavior. Clinical and social rehabilitation of such persons.

3. The program of the discipline

Credit 1. Characteristics of psychosomatic disorders

Topic 1. Classification of psychosomatic disorders: The concept of "psychosomatic disorders". Psychological status of a person with psychosomatic disorders. Psychological support of people with psychosomatic disorders. The main areas of work of a clinical psychologist who carries out rehabilitation measures.

Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support:

Psychosomatic problems of people with special needs. Criteria for psychological diagnosis of people with special needs. Psychological assistance to people with special needs. Social adaptation of people with special needs.

Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders: Psychodiagnostic criteria for the diagnosis of persons with psychosomatic disorders. Directions of rehabilitation measures. Comprehensive program of clinical and social rehabilitation measures. Techniques.

Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures

Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system: Types of psychosomatic disorders. Characteristics of cognitive activity of persons with psychosomatic disorders. Clinical and social rehabilitation of such persons.

Topic 5. Psychological support of people with diseases of the gastrointestinal tract: Types of disorders. Typical deviations of mental development. Features of psychological and pedagogical work with children with psychosomatic disorders. Clinical and social rehabilitation of such persons.

Credit 3. Age features of psychosomatic disorders

Topic 6. Psychological support of persons with musculoskeletal disorders: The concept of "cerebral palsy". Psychological diagnosis of persons with musculoskeletal disorders.

Study of the subject activity of a young child with cerebral palsy.

Topic 7. Psychological support of people with attention disorders: The concept of hyperactive disorder and attention deficit (GRDU). Features of the development of the emotional and personal sphere of children with impaired attention. Level of personal anxiety (situational anxiety). Predisposition to aggressive behavior. Clinical and social rehabilitation of such persons.

4. The structure of the discipline

Full-time education

Names of credits and topics	Number of hours					
	Total	Including				
		L	P	lab	ind	sem
1	2	3	4	5	6	7
<i>Credit 1. Characteristics of psychosomatic disorders</i>						
Topic 1. Classification of psychosomatic disorders	8	2		-	-	6
Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support	12		6	-	-	6
Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders	10	2	4	-	-	4

Total:	30	4	10			16
<i>Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures</i>						
Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system	14	2		-	-	12
Topic 5. Psychological support of people with diseases of the gastrointestinal tract	16		6	-	-	10
Total:	30	2	6			22
<i>Credit 3. Age features of psychosomatic disorders</i>						
Topic 6. Psychological support of persons with musculoskeletal disorders.	14	2		-	-	12
Topic 7. Psychological support of people with attention disorders	16		6	-	-	10
Total:	30	2	6			22
Hours general:	90	8	22	-	-	60

External form of education

Names of credits and topics	Number of hours					
	Total	Including				
		L	P	lab	ind	sem
1	2	3	4	5	6	7
<i>Credit 1. Characteristics of psychosomatic disorders</i>						
Topic 1. Classification of psychosomatic disorders	10			-	-	10
Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support	10	1	1	-	-	8
Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders	10	1		-	-	9
Total:	30	2	1			27
<i>Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures</i>						

Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system	15	1		-	-	14
Topic 5. Psychological support of people with diseases of the gastrointestinal tract	15			-	-	15
Total:	30	1				29
<i>Credit 3. Age features of psychosomatic disorders</i>						
Topic 6. Psychological support of persons with musculoskeletal disorders.	15	1		-	-	14
Topic 7. Psychological support of people with attention disorders	15		1	-	-	14
Total:	30	1	1			28
Hours in general	90	4	2	-	-	84

5. Topics of lectures Full-time education

№	Topic name	Number of hours
<i>Credit 1. Characteristics of psychosomatic disorders</i>		
1.	Topic 1. Classification of psychosomatic disorders	2
2.	Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support	
3.	Topic 3. Clinical and social rehabilitation of persons with psychosomatic	2

	disorders	
<i>Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures</i>		
4.	Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system	2
5.	Topic 5. Psychological support of people with diseases of the gastrointestinal tract	
<i>Credit 3. Age features of psychosomatic disorders</i>		
6.	Topic 6. Psychological support of persons with musculoskeletal disorders	2
7.	Topic 7. Psychological support of people with attention disorders	
	Together:	8

External form of education

№ з/п	Топик name	Number of hours
<i>Credit 1. Characteristics of psychosomatic disorders</i>		
1.	Topic 1. Classification of psychosomatic disorders	
2.	Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support	1
3.	Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders	1
<i>Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures</i>		
4.	Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system	1
5.	Topic 5. Psychological support of people with diseases of the gastrointestinal tract	
<i>Credit 3. Age features of psychosomatic disorders</i>		
6.	Topic 6. Psychological support of persons with musculoskeletal disorders	1
7.	Topic 7. Psychological support of people with attention disorders	
	Together:	4

6. Topics of practical classes

Full-time education

№	Назва теми	Number of hours
<i>Credit 1. Characteristics of psychosomatic disorders</i>		
1.	Topic 1. Classification of psychosomatic disorders	
2.	Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support	6
3.	Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders	4
<i>Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures</i>		
4.	Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system	
5.	Topic 5. Psychological support of people with diseases of the gastrointestinal tract	6
<i>Credit 3. Age features of psychosomatic disorders</i>		
6.	Topic 6. Psychological support of persons with musculoskeletal disorders	

7.	Topic 7. Psychological support of people with attention disorders	6
	Together:	22

External form of education

No	Name topics	Number of hours
<i>Credit 1. Characteristics of psychosomatic disorders</i>		
1.	Topic 1. Classification of psychosomatic disorders	
2.	Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support	1
3.	Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders	
<i>Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures</i>		
4.	Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system	
5.	Topic 5. Psychological support of people with diseases of the gastrointestinal tract	
<i>Credit 3. Age features of psychosomatic disorders</i>		
6.	Topic 6. Psychological support of persons with musculoskeletal disorders	
7.	Topic 7. Psychological support of people with attention disorders	1
	Together:	2

7. Independent work

Full-time education

No	Name topics	Number of hours
<i>Credit 1. Characteristics of psychosomatic disorders</i>		
1.	Topic 1. Classification of psychosomatic disorders	6
2.	Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support	6
3.	Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders	4
<i>Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures</i>		
4.	Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system	12
5.	Topic 5. Psychological support of people with diseases of the gastrointestinal tract	10
<i>Credit 3. Age features of psychosomatic disorders</i>		
6.	Topic 6. Psychological support of persons with musculoskeletal disorders	12
7.	Topic 7. Psychological support of people with attention disorders	10
	Together:	60

External form of education

No	Name topics	Number of hours
<i>Credit 1. Characteristics of psychosomatic disorders</i>		
1.	Topic 1. Classification of psychosomatic disorders	10
2.	Topic 2. Psychosomatic disorders in people with special needs and their psychological and social support	8
3.	Topic 3. Clinical and social rehabilitation of persons with psychosomatic disorders	9

<i>Credit 2. Psychological support of persons with psychosomatic disorders and rehabilitation measures</i>		
4.	Topic 4. Psychological support of persons with psychosomatic disorders of the cardiovascular system	14
5.	Topic 5. Psychological support of people with diseases of the gastrointestinal tract	15
<i>Credit 3. Age features of psychosomatic disorders</i>		
6.	Topic 6. Psychological support of persons with musculoskeletal disorders	14
7.	Topic 7. Psychological support of people with attention disorders	14
Together:		84

8. Individual educational and research task

The individual research task consists of two directions:

I - preparation and defense of control work (for students of ZFN);

II - creation of a program of complex clinical and social rehabilitation of persons with psychosomatic disorders (for SFN students).

9. Forms of work and evaluation criteria

Rating control of students' knowledge is carried out on a 100-point scale:

Assessment scale: national and ECTS

Assessment ECTS	THE AMOUNT OF POINTS	NATIONAL SCALE ASSESSMENT	
		екзамен	залік
A	90-100	5 (perfectly)	5/perfect./ credited
B	80-89	4 (good)	4/good/ credited
C	65-79		
D	55-64	3 (satisfactorily)	3/sat./ credited
E	50-54		
FX	35-49	2 (unsatisfactorily)	Not credited

Forms of current and final control.

Current control is carried out during practical training; aims to check the level of preparation of students to perform a particular job. Types of current control: oral and written questioning, testing, self-control, drawing up diagrams, tables, reference notes.

Final control is carried out in order to assess the learning outcomes of the student. Type of final control: control work, credit.

Test (CD) is a mandatory component of the final control of student achievement. Execution by students of the CD is aimed at a comprehensive and comprehensive examination of the volume, level and quality of their assimilation of all educational material included in each module: both the material to be studied during classroom work and independent work.

Exam - a type of final control, which consists in assessing the student's mastery of educational material on the basis of his performance of certain types of work in practical classes, in the process of independent work, individual research task, tests, test tasks.

Criteria for evaluating answers in practical classes:

"Excellent" - the student demonstrates complete and in-depth knowledge of the material, a reliable level of development of skills, correct and reasonable formulation of practical conclusions, the ability to make necessary decisions in unusual situations, fluency in scientific terms, analyzes cause-and-effect relationships;

"Very good" - the student demonstrates complete knowledge of the material, allows minor omissions of the material, is able to apply it to specific tasks, in some cases vaguely formulates the correct answers;

"Good" - the student demonstrates complete knowledge of the material, but allows minor omissions of factual material, is able to apply it to specific tasks, in some cases vaguely formulates the correct answers, makes some minor mistakes and inaccuracies;

"Enough" - the student has most of the factual material, but does not teach it consistently and logically, allows significant gaps in the answer, does not always know how to apply the acquired knowledge to analyze specific situations, vaguely and sometimes incorrectly formulates basic theoretical provisions and causal -hereditary

connections;

"Satisfactory" - the student does not have a sufficient level of necessary knowledge, skills, abilities, scientific terms.

The number of points at the end of the semester should be from 150 to 300 points (for 3 credits), ie the sum of points for all tasks.

Appropriate distribution of points that students receive for 3 kpd.

Current testing and independent work				Control Work	Accumulative points / Amount
T1	T2	T3	T4	50	300/100*
30	30	30	30		
T4	T5	T6	T7		
30	30	30	30		

***Note. The coefficient for the exam is 0.6. The exam is rated at 40 mark.**

10. Diagnostic tools

Means of diagnosis and methods of demonstrating learning outcomes are: tasks for practical classes, tasks for independent and individual work (including essays, abstracts), presentations of research results, test tasks, tests.

11. Teaching methods

Oral presentation of the material: a scientific story aimed at analyzing the actual material; explanation - a verbal method of learning, through which it is revealed essence of a certain phenomenon, law, process, seminars-discussions, interactive classes with the use of Internet technologies, solving problems based on psychotherapeutic cases, presentations, hermeneutic analysis, business games, psychotherapeutic exercises and techniques, illustration - a method of teaching that involves showing processes in their symbolic image (drawings, diagrams, graphics, etc.).

12. Recommended literature

Basic

1. Mykhailyuk O.A. Psychosomatics: [textbook] / OA Mikhailyuk. - K.: science, 2016. - 96 c.
2. Maksymelyuk MK Psychosomatic disorders: [textbook] / MK Maksymelyuk. - Odessa: Astroprint, 2018. - 224p.
3. Martynenko OA How to teach your child to communicate and make friends: [practical guide] / OA Martynenko - H.: Publishing House "Morning", 2016. - 128 p.
4. Mikhalsky AV Psychosomatics: [textbook] / AV Mikhalsky - K.: Education, 2017. - 192 p.
5. Nestik TA Attitude to psychosomatic disorders: [textbook] / T.A. Nestik. - Minsk: Inst. Of Psychology, 2015. - 293p.
6. Psychological and pedagogical support of children with psychosomatic disorders: [Methodical collection] / Author's team: T.Yu. Ostrovskaya, L.Ya. Kuharenko, V.V. Levchenko, SL Kuznyakova, DS Panchenko, VO Bahaev, AI Paterilo - Kremenichuk, 2014. - 68 p.
7. Turishcheva LV Attention! Special children with psychosomatic disorders: [Trainings in pedagogical practice] / LV Turishcheva - Kh.: Ed. Osnova group, 2016. - 128 p.
8. Huhlaeva O.V. Little games in great happiness. How to preserve the mental health of a preschooler: [Program] / OV Huhlaeva, O.E. Huhlaev, I.M. Pervushina - M.: April Press, Izd-vo EXMO-Press, 2015. - 224 p.
9. Tsukanov BI Time in the human psyche: [Monograph] / BI Tsukanov. - Odessa: Astroprint, 2017. - 220 p.

Supporting literature

1. Bondar V. Integration of children with mental and physical disabilities in secondary schools: pros and cons // Defectology. - 2013. - №3. - С.2-5.
2. Vygotsky LS Basics of defectology: [student for universities] / LS Vygotsky. - СПб.: Лань, 2015. - 654 c.
3. Defectological dictionary: [textbook] / Edited by VI Bondar, V.M. Sinyova - K.: "MP Lesya", 2014. - 528 p.
4. Dmitriev AA On some problems of integrated education of children with special educational needs: "textbook" - St. Petersburg.: Лань, 2016. - 654 c.
5. Doppler D., Lorman T., Sharma U. Rethinking the support services of specialists in inclusive classes./ Defectology - № 3 - 2014.- P.12-23.
6. Ilyina OM Psychosomatic unity of the person / Psychosomatics, № 5 - 2018.-С34-38.
7. Integration of children with disabilities into the environment of healthy children.// Education and training of

children with developmental disabilities -№9. - 2014.- P.67-71.

8. Ilyashenko T. Integration of children with special educational needs: "textbook" - 2013. - 321p.

9. Ilyashenko T. Integration of children with special educational needs in secondary school: the role of school psychologist./Psychosomatics, № 19 - 2016.- P.22-32.

10. Ilyashenko T. Issues of integration of special and mass schools and organization of assistance to children with learning difficulties./ Defectology № 1 - 2017.

11. Inclusive approach as a basis of education for all children./ Based on the materials of the All-Ukrainian Foundation "Step by Step". –№ 2 - 2018.- P.25-29.

12. Kolupaeva AA Basic conceptual and terminological definitions of inclusive education./ Defectology №2 - 2015.

13. Kolupaeva AA Inclusive education: realities and prospects: Monograph. - K .: "Summit Book", 2015. - 272 p.

14. Kolupaeva AA Organizational and pedagogical conditions for the integration of children with psychophysical development in the general educational space // D. № 4 - 2015

15. Kolupaeva AA Actual problems of education and upbringing of people with special needs: - K .: University "Ukraine", 2014. - 448 p.

16. Malofeev NN The modern stage of educational integration - modern instrumental possibilities./ Defectology - № 6 - 2018.

18. Malofeev NN, Shmatko ND Basic models of integrated learning./ Defectology - № 1 - 2018.

19. Malofeev NN, Shmatko ND Integration and special educational institutions: the need for change. / Defectology - № 2 - 2018.

20. Matveeva M., Mironova S., Grechko L. Psychocorrectional work in terms of integrated learning // Defectology - № 3 - 2017

21. Pastorova A.Yu. Psychological and psychophysical characteristics of preschoolers with normal development in integration groups // Defectology - № 6 - 2018.

22. Rachova N. Socio-pedagogical support of children with special needs./ Defectologist - №10 - 2017.- P.65-72.

23. Solovyov Y. Integration of children with developmental disabilities in modern society./ Defectologist - № 12 - 2017. - P.88-91.

24. Sorokin VM Special psychology: Textbook. manual / Under scientific. ed. L.M. Shipitsyna. - СПб .: Речь, 2014 - 216 c.

25. Shevtsov A. Methodology of social rehabilitation of persons with disabilities./Psychosomatics. - № 19 - 2016.- P.22-54.

13. information resources

<http://ussf.kiev.ua/>

http://www.pedlib.ru/Books/3/0485/3_0485-72.shtml

<http://www.ikpp.npu.edu.ua/>

<http://edu.resobr.ru/archive/year/articles/1910/>

<http://zakon1.rada.gov.ua/>

<http://www.mon.gov.ua/>

<http://www.canada-ukraine.org/>

<http://www.defectology.ru/>

http://www.education-inclusive.com/uk/project_rationale.php

<http://www.disabilitystudies.ca/>

http://ispukr.org.ua/institut_specialnoyi_pedagogiki_apn_ukrayini.html

Tests

Option 1

1. General rules of doctor-patient interaction, focusing on the doctor's behavior in the patient's bed, are the basis of the model:
 - A) Hippocrates
 - B) Paracelsus
 - C) deontological
 - D) bioethics
2. "The most important basis of drugs - love," - admits the model :
 - A) Hippocrates
 - B) Paracelsus
 - C) deontological
 - D) bioethics
3. Bental is a supporter of the model:
 - A) Hippocrates
 - B) Paracelsus
 - C) deontological
 - D) bioethics
4. The treatment of the patient should be as in a similar situation would like to treated you - is the basis of the model:
 - A) Hippocrates
 - B) Paracelsus
 - C) deontological
 - D) bioethics
5. The question of the relationship between doctor and patient is considered in the model:
 - A) Hippocrates
 - B) Paracelsus
 - C) deontological
 - D) bioethics
6. The founder of health psychology in Ukraine there are:
 - A) Tsukanov
 - B) Elkin
 - C) Terletsкая
 - D) Maksymenko
7. For the first time he pointed out the psychological features of gastric patients:
 - A) Tsukanov
 - B) Sechenov
 - C) Pavlov
 - D) Elkin
8. Anosognostic type of response to the disease identified:
 - A) Zeigarnik
 - B) Tsukanov
 - C) Karvasarsky
 - D) Aristotle

9. Psychogenic factor in the occurrence of psychosomatic diseases identified:

- A) Jacobi
- B) Heinroth
- C) Engel
- D) Zeigarnik

10. Somatogenous factor in the occurrence of diseases identified:

- A) Jacobi
- B) Heinroth
- C) Engel
- D) Zeigarnik

11. Prone to damage type of personality identified:

- A) Alexander
- B) Dunbar
- C) Zeigarnik
- D) Rosenman

12. The existence of donatal conflict between mother and fetus indicated:

- A) Rosenman
- B) Friedman
- C) Pollock
- D) Dunbar

13. The affect of dissatisfaction causes an outflow blood from the periphery to the internal organs, argued:

- A) Wittkover
- B) Weber
- C) Geyer
- D) Lehmann

14. By suggestion it is possible to get a stomach spasm, noted:

- A) Wittkover
- B) Weber
- C) Geyer
- D) Lehmann

15. The influence of mental affects on state of the secretory function of the stomach, studied:

- A) Wittkover
- B) Weber
- C) Geyer
- D) Lehmann

Methodical recommendations and developments for practical classes

Practical training is a form of training, which develops the skills and abilities of practical application of certain theoretical provisions of the discipline by performing specially selected tasks.

The main objectives of practical classes on "Pathopsychology and psychosomatics" are: to

- form an idea of the place of psychology of abnormal development in the context of other psychological disciplines, to promote the development of its basic theoretical foundations; to acquaint with the general categories, concepts, terms of discipline, to enrich the conceptual and categorical apparatus of students;
- to acquaint students with the basic concepts and problems of neuropsychology and clinical psychology;
- to acquaint students with the general psychological fundamental problems solved by the psychology of abnormal development;
- to form an idea of the types of neuropsychological disorders / classification of mental disorders, criteria of mental norm;
- to acquaint students with the basic principles and methods of diagnostic research in the clinic, psycho-correctional activities;
- to form an idea of the methodological principles of the therapeutic process, the technology of psychological support for people with special needs.

The main purpose of acquiring practical skills: preparation for independent performance of practical tasks; acquisition of skills of application of theoretical knowledge in practice; preparation of students-psychologists for future professional activity.

In these classes, the teacher organizes the consideration of students of certain theoretical provisions of the discipline, and most importantly - forms the skills and abilities of their practical application by performing specially selected tasks.

Approximate structure of a practical lesson on the subject "Pathopsychology and Psychosomatics"

1. Organizational part: message of the topic, the purpose of the lesson.
2. Motivation of educational activity. Actualization of basic knowledge.
3. Formation of abilities and skills of students (consolidation of abilities and skills or check of abilities and skills by performance of practical tasks).
4. Current control of work performance. Summarizing the lesson.

To successfully prepare for practical classes, students need to:

- study the theoretical material on the topic, using literary sources for the course (basic and additional literature);
- qualitatively perform tasks of a practical nature;
- if necessary, get additional methodological advice from the teacher.

Methodical materials that provide independent work of students.

Independent work of students in the discipline "Psychological support of people with special needs" occupies an important place in the educational process in the training of future psychologists. It

contributes to the systematization and consolidation of theoretical knowledge, the development of cognitive abilities and creative initiative, independence, responsibility and organization, the formation of independent thinking, the development of research skills.

Independent work includes both reproductive and creative aspects of students' activities.

Reproductive (training) level - aimed at consolidating knowledge, developing skills and abilities (includes compiling tables and charts, etc.); cognitive activity is to comprehend and remember information.

Creative, exploratory level - involves the analysis of problem situations (the student must independently choose the methods and means of solving problems), the implementation of educational and research tasks.

Each type of independent work in the discipline is focused on the development of professionally important skills and abilities.

The main forms of independent work on the discipline are:

- performance of test tasks;
- watching a movie, preparing for a discussion;
- preparation of a multimedia presentation;
- compiling a terminological dictionary;
- preparation of a thematic report.

The process of organizing independent work of students includes the following stages:

- preparatory (self-organization of the work process, study of the recommended literature on the topic);
- basic (use of methods of assimilation, processing, transfer of knowledge, recording of results);
- final (registration of results of activity, reporting on task performance).

Performing tasks independently, the student must:

- master the content of the topic, which is made for independent work of students;
- rationally plan independent work in accordance with the schedule of independent work proposed by the teacher;
- the student must perform independent work in the organizational forms provided by the work program;
- perform independent work and report on its results in accordance with the reporting deadlines.

For successful performance of the tasks provided for independent processing, **it is necessary to consider the following subjective factors:**

1. Study of a program material with filling of "gaps" in the knowledge complicating its successful mastering.
2. Improving the ability to work with scientific sources.
3. Mastering logical operations (comparison, analysis, synthesis, generalization, definition of concepts, rules of systematization and classification).
4. Development of cognitive mental processes: attention, memory, speech, observation, intelligence, thinking (poor development of which can be a serious obstacle to learning).
5. Improvement of working capacity provided by a normal physical condition (alternation of work and breaks in work, periods of rest, individually justified sleep rate, stress resistance, etc.).
6. Strengthening the skills of self-regulation of their own behavior and activities, mastering the optimal style of activity, which will ensure the quality of the tasks provided by the program.

The student is allowed to:

- independently determine the level of processing the content of the material;
- suggest additional topics and questions for self-study;

- within the general schedule of performance of independent work to offer the substantiated individual schedule of performance and reporting;
- offer their options for organizational forms of independent work;
- to use for independent work methodical manuals, monographs out of the offered list of the literary sources;
- use not only control but also self-control of the results of independent work.

Adequate assessment of knowledge, achievements and shortcomings - an important component of self-organization of independent work of the student, without it successful work on management of the behavior and activity is impossible.

Tasks for independent work of a student in the discipline "Psychosomatics"

- 1 Disorders of perception and their causes. Elementary sensory disorders and complex gnostic disorders. Sensory and gnostic visual disorders. Features of symptoms at disturbances of various levels of the visual analyzer. Subject, optical-spatial, color, letter, simultaneous, facial agnosia
- 2 Sensory and auditory disorders. Auditory agnosia depending on the levels of lesions
- 3 Specifics of disorders in right-handed and left-handed people. Non-verbal gnosis. Changes in orientation in space. Disorders of stereognosis. Violations of higher olfactory, tactile, taste functions
- 4 Sensory and gnostic tactile and kin aesthetic disorders. Tactile agnosia
- 5 Neuropsychological organization of attention. Attention disorders with different localization of brain disorders
- 6 Fundamentals of cerebral memory organization. Anatomical and neurodynamic mechanisms of human memory. Material-specific and general memory disorders. Memory impairment in the brain lesions
- 7 Specificity of memory impairment at damage underlying brain structures
Features memory disorders with brain damage of various locations depending on the lateralization of brain
- 8 neuropsychological diagnosis and correction of memory syndrome MMD and irrehulyarnosti mental development
- 9 Anatomical and neural mechanisms of intellectual activity. Neuropsychological analysis of disorders of verbal-logical thinking
- 10 Neuropsychological analysis of disorders of verbal-logical thinking. Violation of work with texts, violation of comprehension of the text and solution of arithmetic problems. Verbal-logical thinking: norm and pathology
- 11 Neuropsychological analysis of disorders of visual thinking: image psychology and the process of object recognition, violation of the subject image. Disorders of thinking in brain lesions of different localization
- 12 Features of thinking disorders in children with local and diffuse brain injuries. Restoration of verbal-logical and visual thinking. Violation and restoration of visual-action thinking
- 13 Ideational, ideomotor, constructive praxis. Kinetic apraxia. Violations in the arbitrary and automatic organization of motor activity. Features of motor disorders in various brain lesions.
- 14 Neuropsychological diagnosis of motor disorders. Features of dynamic, aesthetic, spatial praxis
- 15 Neuropsychological approach to the treatment of motor disorders. Problems of neurolinguistics. Psychological analysis of acoustic perception and repetition of speech.
- 16 Classification of aphasia, proposed by OR Luria: efferent motor, afferent motor, dynamic aphasia. Sensory, acoustic-mnemonic, semantic, amnesic aphasia. Violation and repetition of sounds and syllables in acoustic-mnemonic and motor forms of aphasia.
- 17 Structural and semantic systemic speech disorders. Dysphonia, bradylalia and tachilalia, dyslalia, dysarthria, dysgraphia, dyslexia with various brain injuries. Methods of recovery of speech disorders

- 18 Neuropsychological syndromes of emotional, volitional and personality disorders. Features of emotional and volitional disorders in different brain lesions and in different localization of brain defects
- 19 Symptoms of irritation and loss of higher mental functions. Neuropsychological analysis of disorders of consciousness. Features of violation of the unconscious sphere. Neuropsychological bases of correction of emotional and volitional disorders and disorders of consciousness
- 20 Syndromes most common in school problems: functional malformation of the frontal lobes of the brain, functional malformation of the right hemisphere, functional malformation of the left temporal lobe, brain, functional immaturity of the interhemispheric interaction of the transcortical level (corpus callosum)
- 21 Neurological symptoms in local lesions of the cortical areas and subcortical structures of the brain
- 22 Research methods in clinical neuropsychology.
- 23 Features of neuropsychological research of patients with brain disorders
- 24 Methods of neuropsychological research of patients with brain disorders
- 25 Methods of neuropsychological research in memory disorders, thinking, speech, voluntary movements and actions, disorders of emotional and volitional sphere
- 26 Features of neuropsychological research in preschool
- 27 Specifics of neuropsychological rese
- 28 Neuropsychological examination of students with learning difficulties
- 29 Neuropsychological examination in the system of complex clinical and psychological examination
- 30 Methods of recovery in gnostic disorders
- 32 Methods of recovery and correction of impaired attention
- 32 Correction of praxis violations
- 33 Methods of correction of speech disorders
- 34 Correction of arbitrary regulation, emotional and volitional sphere

THEORETICAL AND METHODOLOGICAL FUNDAMENTALS OF CLINICAL PSYCHOLOGY

1. Synonymous with the concept of "clinical psychology" are:

- A) physiological psychology;
- B) pathological psychology;
- C) anatomical psychology;
- D) structural psychology.

2. The object of clinical psychology is:

- A) a person with problems of education;
- B) a person with learning problems;
- C) a person with adaptation problems;
- D) a person with problems of socialization.

3. The methodology of clinical psychology is determined by:

- A) the philosophical level;
- B) general scientific level;
- C) specific scientific level;
- D) historical level.

4. The purpose of psychological research is:

- A) the genetic principle;
- B) the principle of individualization of the study;
- C) the principle of studying a particular personality;
- D) psychophysical principle.

5. Hippocrates' model is based on the principle:

- A) "do no harm";
- B) "do good";
- C) "keep your duty";
- D) "respect the rights and preferences of the individual."

6. Paracelsus' model is based on the principle:

- A) "do no harm";
- B) "do good";
- C) "keep your duty";
- D) "respect the rights and preferences of the individual."

7. The deontological model is based on the principle:

- A) "do no harm";
- B) "do good";
- C) "keep your duty";
- D) "respect the rights and preferences of the individual."

8. Bioethics is based on the principle:

- A) "do no harm";
- B) "do good";
- C) "keep your duty";
- D) "respect the rights and preferences of the individual."

9. Clinical psychology has a significant impact on the development of various branches of medicine, in addition to:

- A) psychiatry;
- B) traumatology;
- C) neurology;
- D) neurosurgery.

10. Theoretical and practical problems of which specialty cannot be developed without clinical psychology:

- A) phytotherapy;
- B) physiotherapy;
- C) psychotherapy;
- D) radiation therapy.

11. Who proposed the term "bioethics"?

- A) Dossier;
- B) Heidegger;
- C) Potter;
- D) Yudin.

12. Clinical psychology has a significant impact on the development of various general theoretical issues of psychology, in addition to:

- A) analysis of the components that are part of mental processes;
- B) the study of the relationship between the development and disintegration of the psyche;
- C) development of philosophical and psychological problems;
- D) establishing the role of the personal component in the structure of various forms of mental activity.

13. Which ethical model in clinical psychology has received the greatest development in the last quarter of the twentieth century?

- A) the model of Hippocrates;
- B) bioethics;
- C) deontological model;
- D) the model of Paracelsus.

14. What principle in clinical psychology can be specified as the etiology and pathogenesis of psychopathological disorders?

- A) the principle of unity of consciousness and activity;
- B) the principle of development;
- C) the principle of personal approach;
- D) the principle of structure.

15. Who introduced the term "deontology"?

- a) Descartes;
- b) Spinoza;
- c) Bentham;

d) Buber.

FUNDAMENTALS OF PSYCHOSOMATICS

1. The founder of the law of experience of time is:
A) Alexander;
B) Tsukanov;
C) Sechenov;
D) Carvasarsky.

2. The founders of the concept of "specific emotional conflict" are:
A) Alexander;
B) Tsukanov;
C) Sechenov;
D) Carvasarsky.

3. Who first described a person's five sensations, given the pain?
A) Plato;
B) Aristotle;
C) Darwin E .;
D) Frey.

4. Who first hypothesized the existence of painful receptors in the skin and mucous membranes:
A) Plato;
B) Aristotle;
C) Darwin E .;
D) Frey.

5. Who is the author of the theory of intensity:
A) Plato;
B) Aristotle;
C) Darwin E .;
D) Frey.

6. Waiting, "fear of pain" is a primitive form of emotion of fear in general according to the teachings:
A) Astvatsaturova;
B) Danielopol;
C) Anokhin;
D) Mersky.

7. In classical psychosomatics there are three groups of disorders, except:
A) conversion disorders;
B) "organ neurosis";

- C) psychosomatic diseases in the narrow sense of the word;
- D) vegetative.

8. Representatives of the anthropological direction in psychosomatics are:

- A) Pollock;
- B) Stockvis;
- C) Vitkover;
- D) Weisecker.

9. The term "psychosomatics" in medicine introduced:

- A) Hippocrates;
- B) Reich;
- C) Heinroth;
- D) Gorodden.

10. The founder of cortico-visceral pathology, as one of the areas of psychosomatics, are:

- A) Pavlov;
- B) Anokhin;
- C) Bulls;
- D) Simonov.

11. The modern biopsychosocial model of the disease has been developed by:

- A) Karasu;
- B) Excule;
- C) Engel;
- D) Luban-Plots.

12. The author of the concept of "personality profile" in psychosomatic medicine is:

- A) Alexander;
- B) Vitkover;
- C) Dunbar;
- D) Pollack.

13. Behavioral type A is a "risk factor":

- A) gastrointestinal diseases;
- B) malignant neoplasms;
- C) disorders of the respiratory system;
- D) cardiovascular disease.

14. Conversion disorders, which marked the beginning of the psychoanalytic direction in psychosomatics, were described by:

- A) Alexander;
- B) Jelliffe;
- C) Freud;
- D) Adler.

15. The term "alexithymia" was introduced by:

- A) Ellix;
- B) Karasu;
- C) Siphneos;
- D) Rosenman.

16. The concept of "organ neurosis" was developed by:

- A) Vitkover;
- B) Engel;
- C) French;
- D) Deutsch.

TERMINOLOGICAL DICTIONARY OF CLINICAL PSYCHOLOGY

Absence (French absence) - a short-term disturbance of consciousness with amnesia in epileptics

Abstinence - abstinence from drugs, accompanied by a number of mental and somatic disorders.

Aggravation - exaggeration of painful symptoms.

Agraphia is the loss of the ability to write.

Aggression - a tendency to attack.

Adequate - one that corresponds to the given circumstances and situation.

Agitated - excited.

Alexia - loss of ability to read.

Altruism is the opposite of selfishness, the ability to care for others.

Amnesia - eclipse of consciousness with loss of orientation in time and place, motor restlessness and subsequent amnesia.

Amimia-lack of facial expressions.

Amnesia - memory loss, forgetfulness.

Anorexia - loss of appetite, stubborn refusal to eat due to mental illness.

Apathy - indifference, weakness, emotional insensitivity.

Apraxia - loss of ability to related coordinated movements, performance of actions.

Astasia-abasia - the inability to stand and walk, although the patient can move the lower extremities in bed (with hysteria).

Asthenia -general weakness, exhaustion of the nervous system.

Ataxia - a disorder of coordination, accuracy of movements.

Atony -muscle loss.

Aura - a harbinger of an epileptic seizure.

Autism - self-absorption of the patient (with schizophrenia), weakening of ties with reality.

Affect - the highest degree of expression of feelings (fear, anger, joy).

Bipolar - bipolar.

Bulimia - a pathological increase in appetite, gluttony.

Hallucinations are the perception of objects or phenomena that do not actually exist at present.

Hyperesthesia - hypersensitivity.

Hyperkinesis - involuntary movements (twitching, trembling).

Hypobulia - weakening of the will.

Hypodynamia -reduction of muscle activity.

Dementia -slight degree of mental retardation.

Degradation - backward movement, gradual deterioration, decline, loss of some properties of the psyche.

Disorientation - the inability to navigate in time and space.

Delirium - acute confusion of consciousness with an influx of hallucinations, disorientation and motor arousal.

Dementia is an acquired dementia.

Depression - depressed mood, boredom.

Dipsomania-an attack of drunkenness.

Dissimulation is the deliberate concealment of an illness or physical defect.

Dysphoria - a state of bad mood with increased irritability (in epileptics).

Egocentrism is an exaggerated attention to one's personality.

Eideticism -the ability to quickly and effectively memorize a large amount of visual or auditory images.

Euphoria is a sublime, pleasant mood.

Exogenous - generated by external causes, conditions.

Electroencephalography - recording of biocurrents of the brain.

Emotion - feeling.

Endogenous - caused by internal features of the body.

Echolalia is the repetition of the words spoken to him by the patient.

Echopraxia is the repetition of movements made by someone.

Idiocy - the highest degree of congenital dementia (oligophrenia).

Illusion - a distorted perception of patients of objects or phenomena that actually exist at the moment.

Imbecility is a moderate degree of congenital dementia.

Impulse - a push to action, a form of excitation in nerve fibers.

Involution -reverse development, extinction of the organism.

Hypochondriac delusion - a mania for the destruction of the patient's body.

Catalepsy is a waxy flexibility when the patient maintains the posture given to him.

Catamnesis - observation data of the patient after he was discharged from the hospital.

Catatonia - immobility, freezing of the patient in one position (symptom of schizophrenia).

Kleptomania is an obsessive urge to steal things.

Climax is the period of cessation of ovarian function.

Coma, coma - deep fainting with loss of reflexes.

Concussion - concussion.

Convergence -a convergence of the axes of the eyeballs when looking at a close object.

Brain contusion-concussion.

Coordination - coherence, orderliness of arbitrary movements.

Confabulation is a fiction in memory gaps of incredible events.

Crisis - an attack of pain or vasospasm.

Lethargy -long deep sleep.

Manic state - a state of high spirits and activity.

Insanity -physical and mental decay of the body.

Delusions - pathological ideas, statements.

Melancholy - a gloomy, depressed mood.

Mutism - prolonged silence, functional dumbness in the mentally ill.

Drug addiction is a pathological craving for and abuse of drugs.

Neurosis is a functional disease of the nervous system.

Negativism - the patient's desire to counteract.

Paranoid schizophrenia is a hallucinatory form of the disease.

Paranoia -systematized delusion.

Paresthesias - numbness, tingling, electric shock, etc.

Perseveration is the repetition of the same word or gesture by the mentally ill.

Premorbid - pre-morbid.

Presenilny - pre-senile.

Pseudohallucinations are false hallucinations that are perceived by patients not from the outside, but by the "internal senses".

Pseudodementia is a false dementia, a form of hysterical reaction.

Pseudoreminiscences are fictional, false memories that, in principle, could take place.

Psychasthenia - mental weakness, a form of neurosis.

Psychogenic - caused by mental trauma.

Psychohygiene - hygiene of mental life.

Psychopathy - pathologically altered nature.

Psychopathology - symptoms of mental illness.

Psychoprophylaxis - prevention of mental disorders.

Psychotherapy - a method of treatment affecting the psyche of the patient (persuasion, suggestion, hypnosis).

Puberty is the period of puberty.

Readaptation - the ability to adapt to previously performed work.

Reactive states - mental disorders that occur under the influence of mental trauma.

Remission - temporary improvement during the disease.

Senile - senile.

Simulation - producing complaints and symptoms of diseases that do not exist, or inventing physical defects.

Syndrome - a set of symptoms.

Situation - situation; coincidence of conditions and circumstances that create the relevant situation.

Somatic-bodily, physical.

Somnambulism - sleeping.

Sopor - deep exclusion of consciousness.

Spasmophilia - convulsive attacks in children with rickets.

Spontaneous - involuntary.

Stereotyping - monotony, stereotypes, repetition of the same thing.

Stupor - stupor, inhibition.

Suicidal - the one related to suicide (thoughts, attempts).

Tremor - trembling.

A test is a standard task for determining a subject's ability.

Pharmacogeny - causing painful symptoms by the side effects of drugs.

Phase-period.

Phobia is an obsessive fear.

Cyclothymia - a mild form of manic-depressive psychosis.

Circular psychosis is a manic-depressive psychosis with regular periodic phase changes.

Iatrogeny (iatropsychogenia) - the generation of carelessly said doctor or medical personnel words of the patient's thoughts about the disease, which in fact he does not have.

PATOPSYCHOLOGICAL MECHANISMS OF MENTAL DISORDERS

1. In the hypertensive form of neurasthenia, the symptoms predominate:

- A) general weakness, lethargy;
- B) intolerance of any stimuli and loads;
- C) a decrease in overall vitality;
- D) irritable weakness.

2. Prolonged apathy with indifference to the threatening situation and the environment - are manifestations of:

- A) reactive arousal;
- B) reactive stupor;
- C) emotional paralysis;
- D) prolonged psychogenic neurosis.

3. An important differential diagnostic criterion by which it is possible to suspect the presence of psychosomatic illness are:

- A) frustration and emotional tension;
- B) energy potential and anti-stress resistance;
- C) the development of endogenous latent depression;
- D) atypical clinical manifestations;

4. Pain in the heart is a manifestation of such a variant of masked depression as:

- A) agripe;
- B) algic-senestopathic;
- C) diencephalic;
- D) obsessive.

5. Headache is a manifestation of such a variant of masked depression as:

- A) agripe;
- B) algic-senestopathic;
- C) diencephalic;
- D) obsessive.

6. Pain in different parts of the abdomen is a manifestation of such a variant of masked depression as:

- A) agrippic;
- B) algic-senestopathic;
- C) diencephalic;
- D) obsessive.

7. Persistent insomnia is a manifestation of such a variant of masked depression as:

- A) agrippic;
- B) algic-senestopathic;
- C) diencephalic;
- D) obsessive.

2. A high score on the scale of depression in accordance with the results of psychodiagnostics on a standardized MMRI test indicates:

- A) depressive hypochondria;
- B) manic hypochondria;
- C) latent depression;
- D) social introversion.

3. An increase in most of the "emotional" scales in accordance with the results of psychodiagnostics on the standardized MMRI test indicates:

- A) latent depression;
- B) manic hypochondria;
- C) neurotic personality changes;
- D) social introversion.

4. The neurotic genesis of somato-vegetative manifestations can confirm psychodiagnostics on a scale:

- A) depression according to the standardized MMRI test;
- B) hysteria on the standardized MMRI test;
- C) neuroticism according to the standardized test "Neurotization-psychopathization";
- D) psychopathization and social introversion according to the standardized MMRI test.

11. Psychodiagnostics on the scales of self-esteem (anxiety scale WW Zung ,, hospital questionnaire MNQ, S. Grown; depression testing scales MY Hamilton, FKD testing scales, WPRS scales) reveal psychopathological phenomena that characterize the register-syndrome of increased anxiety on manifestations:

- A) anxiety disorder of organic nature;
- B) catatonic disorder of organic nature;
- C) organic delusional disorder;
- D) organic affective disorder.

12. When conducting psychodiagnostics reveal different levels of disturbances of consciousness, psychomotor disorders, disorders of self-identification, which indicates the manifestations of:

- A) hebephrenic schizophrenia;
- B) paranoid schizophrenia;
- C) catatonic schizophrenia;
- D) undifferentiated schizophrenia.

13. A form of schizophrenia in which emotional changes are expressed, there is fragmentation and instability of delusions and hallucinations, irresponsible and unpredictable behavior, often a manner characterized by paranoid delusions, usually accompanied by hallucinations, especially auditory, emotional disorders, perceptual disorders and perceptual disorders. disorders, catatonic symptoms are weakly expressed - it is:

- A) paranoid schizophrenia;
- B) hebephrenic schizophrenia;
- C) catatonic schizophrenia;
- D) undifferentiated schizophrenia.

14. Schizophrenia, which is characterized by a predominance of psychomotor disorders that can range from hyperkinesia to stupor, or from automatic submission to negativity, forced postures may persist for a long time, an important feature are episodes of aggressive behavior - is:

- A) paranoid schizophrenia;
- B) hebephrenic schizophrenia;
- C) catatonic schizophrenia;
- D) undifferentiated schizophrenia.

15. Obligatory (obligatory) symptoms of schizophrenia are:

- A) hallucinations;
- B) symptoms of mental breakdown;
- C) delusion;
- D) Kandinsky-Clerambo syndrome.

16. Obligatory (obligatory) symptoms of schizophrenia are:

- A) hallucinations;
- B) reduction of energy potential;
- C) delusion;
- D) Kandinsky-Clerambo syndrome.

17. Obligatory (obligatory) symptoms of schizophrenia are:

- A) hallucinations;
- B) fading of emotions;
- C) delusion;
- D) Kandinsky-Clerambo syndrome.

18. Obligatory (obligatory) symptoms of schizophrenia are:

- A) hallucinations;
- B) autism;
- C) delusion;
- D) Kandinsky-Clerambo syndrome.

19. Obligatory (obligatory) symptoms of schizophrenia are:

- A) hallucinations;
- B) negativism;
- C) delusion;

D) Kandinsky-Clerambo syndrome.

20. Obligatory (obligatory) symptoms of schizophrenia are:

- A) hallucinations;
- B) apathetic-abulic syndrome;
- C) delusion;
- D) Kandinsky-Clerambo syndrome.

21. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) autism;
- C) hallucinations;
- D) negativism.

22. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) delusion;
- C) hallucinations;
- D) negativism.

23. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) delusion;
- C) Kandinsky-Clerambo syndrome;
- D) negativism.

24. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) delusion;
- C) neurosis-like syndrome;
- D) negativism.

25. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) delusion;
- C) psychopath-like syndrome;
- D) negativism.

26. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) delusion;
- C) catatonic syndrome;
- D) negativism.

27. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) delusion;
- C) hebephrenic syndrome;
- D) negativism.

28. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) delusion;
- C) oneiroid syndrome;
- D) negativism.

29. Minor symptoms of the psyche are:

- A) the splitting of the psyche;
- B) delusion;
- C) dementia syndrome;
- D) negativism.

1. severe deprivation in childhood.

PSYCHOLOGY OF ANOMAL DEVELOPMENT

1. Socially conditioned type of non-pathological deviations in mental development:

- A) social deprivation;
- B) pathocharacterological formation of personality;
- C) pedagogical neglect;
- D) psychopathy.

2. To socially conditioned types of pathological disorders of ontogenesis include:

- A) pedagogical neglect;
- B) pathocharacterological formation of character;
- C) accentuation of character;
- D) psychopathy.

3. General mental dementia is:

- A) psychopathy;
- B) oligophrenia;
- C) accentuation of character;
- D) pedagogical neglect.

4. Distinctive feature of thinking of the mentally retarded:

- A) distortion of the process of generalization;
- B) uncritical;
- C) ambivalence;
- D) ambition.

5. Emotions of the mentally retarded:

- A) undifferentiated;
- B) ambivalent;
- C) rigid;
- D) labile.

6. The totality of the defeat of mental functions is characteristic of:

- A) oligophrenia;
- B) pedagogical neglect;
- C) mental retardation;
- D) psychopathy.

7. The syndrome of partial retardation of mental development in general or its individual functions is denoted by the term:

- A) pedagogical neglect;
- B) psychopathy;
- C) mental retardation;
- D) oligophrenia.

8. Anomaly of character, which is characterized by disharmony in the emotional and volitional spheres:

- A) mental retardation;
- B) oligophrenia;
- C) psychopathy;
- D) accentuation of character.

PSYCHOLOGY OF DEVIATION BEHAVIOR

1. Reactive states, which are manifested mainly by behavioral disorders and lead to socio-psychological maladaptation, are called:
 - A) pathocharacterological reactions;
 - B) characterological reactions;
 - C) addictive reactions;
 - D) neurotic reactions.

2. Non-pathological behavioral disorders, which are manifested in certain situations, do not lead to personality maladaptation and are not accompanied by somatovegetative disorders, are called:
 - A) pathocharacterological reactions;
 - B) characterological reactions;
 - C) addictive reactions;
 - D) neurotic reactions.

3. Formation of immature personality in children and adolescents in the pathological direction under the influence of chronic pathogenic influences of negative socio-psychological factors are:
 - A) psychopathy;
 - B) pathocharacterological reactions;
 - C) psychogenic pathological formation of personality;
 - D) accentuation of character.

4. Pathological condition, which is characterized by disharmony of the mental composition of the individual, the totality and severity of disorders that prevent the full social adaptation of the subject, are:
 - A) pathocharacterological reactions;
 - B) psychopathy;
 - C) psychogenic pathological formations of personality;
 - D) accentuation of character.

5. Behavioral violations that qualify on the basis of legal norms are defined as:
 - A) self-destructive behavior;
 - B) delinquent behavior;
 - C) criminal behavior;
 - D) addictive behavior.

6. Violation of behavior, which qualifies on the basis of moral and ethical norms, is defined as:
 - A) delinquent behavior;
 - B) criminal behavior;
 - C) compulsive behavior;
 - D) self-destructive behavior.

7. Forms of behavioral disorders, which are characterized by attempts to move away from reality by artificially changing their mental state by taking certain substances or fixation on certain activities, are:

- A) compulsive behavior;
- B) addictive behavior;
- C) delinquent behavior;
- D) self-destructive behavior.

PSYCHOLOGICAL SUPPORT OF DIAGNOSTIC AND THERAPEUTIC PROCESS

1. Anxiety is an emotion:

- A) associated with the experience of prolonged trouble;
- B) aimed at the future, associated with the prediction of possible failures;
- C) associated with the experience of previous losses and resentment;
- D) which is accompanied by experiences of any negative event.

2. For a depressed patient is characterized by:

- A) pale mask-like face;
- B) rich expressive facial expressions;
- C) asymmetry in facial reactions;
- D) facial expressions of grief.

3. Accelerated speech often characterizes:

- A) a depressed patient;
- B) a patient with hypochondriac experiences;
- C) anxious patient;
- D) a person who demonstrates the behavior of the simulation.

4. Vowel speech is most often observed in:

- A) people of astheno-neurotic level;
- B) patients with elements of obsession;
- C) patients with hypochondriac experiences;
- D) patients in a hypomanic state.

5. Adaptation of the patient to the conditions of the hospital lasts approximately:

- A) about 5 days;
- B) about 2 weeks;
- C) the first two days of hospitalization;
- D) 15 days.

6. The behavior of aggravation is characterized by:

- A) conscious reflection of the symptoms of the absent disease;
- B) reducing the symptoms of the disease;
- C) exaggeration of the symptoms of the disease;
- D) unawareness of the symptoms of the disease.

7. In the structure of the internal picture of the disease there are the following main components:

- A) sensitive and emotional;
- B) emotional and rational;

- C) emotional, rational and motivational;
- D) sensitive, emotional, rational and motivational.

8. Adaptive mechanisms aimed at reducing pathogenic emotional stress, protecting from painful feelings and memories, as well as from the further development of psychological and physiological disorders, are called:

- A) coping mechanisms;
- B) mechanisms of psychological protection;
- C) compensatory psychological mechanisms;
- D) adaptive psychological reactions.

9. Hypochondria - is:

- A) painfully exaggerated concern for their health;
- B) fear of the social consequences of the disease;
- C) unwillingness to be cured;
- D) benefit from the disease.

10. "Severe" include patients who have:

- A) epileptoid features;
- B) depressive traits of suicidal orientation;
- C) hypertensive features;
- D) astheno-neurotic features.

11. The psychological basis of personality-oriented (reconstructive) psychotherapy is:

- A) the theory of activity;
- B) the theory of relations;
- C) installation theory;
- D) field theory.

12. Personality-oriented (reconstructive) psychology is:

- A) psychotherapeutic influence, which takes into account the characteristics of the patient;
- B) psychotherapeutic direction, which is based on the psychology of relationships;
- C) option client - centered psychotherapy;
- D) a variant of cognitive psychotherapy.

13. Cognitive psychotherapy emerged as one of the areas:

- A) rational psychotherapy;
- B) humanistic psychotherapy;
- C) behavioral psychotherapy;
- D) psychodynamic psychotherapy.

14. The psychological basis of psychodynamic direction is:

- A) behaviorism;
- B) psychoanalysis;
- C) humanistic psychology;
- D) cognitive psychology.

15. The patient has a high, euphoric mood, he is careless about the disease and treatment. He hopes that "everything will work out", so he violates the regime, which leads to an exacerbation of the disease. What type of response to the disease?

- A) utilitarian;
- B) anosognostic;
- C) neurasthenic;
- D) euphoric;
- E) dysphoric.

16. The patient seeks compassion, attention, a better attitude to himself, says: "Maybe I will receive a disability pension and will not work, but will do my favorite thing at home." What type of response to the disease?

- A) euphoric;
- B) contemptuous;
- C) egocentric;
- D) nosophilic;
- E) utilitarian.

17. The patient actively rejects thoughts about the disease and its possible consequences, evaluates the manifestations of the disease as "minor feelings", so refuses to be examined and treated or is limited to "self-medication". What type of response to the disease?

- A) egocentric;
- B) harmonious;
- C) apathetic;
- D) euphoric;
- E) anosognostic.

18. The patient is completely indifferent to his illness and its consequences, apathetic, lost interest in life, in everything that previously interested him. Passively takes medication and procedures. What type of response to the disease?

- A) hypochondriac;
- B) anosognostic;
- C) egocentric;
- D) apathetic;
- E) depressed.

19. The patient is anxious, depressed, restless, afraid of possible complications, doubts about the effectiveness of treatment, depressed mood. What type of response to the disease?

- A) hypochondriac;
- B) neurasthenic;
- C) anxiety-depressive;
- D) dysphoric;
- E) anosognostic.

20. The patient is depressed, depressed, anxious, does not believe in a favorable end of the disease, does not show much interest in examination and treatment. What type of response to the disease?

- A) euphoric;
- B) dysphoric;
- C) anxiety-depressive;
- D) hypochondriac;
- E) neurasthenic.

21. The patient is convinced that he has a serious illness, constantly focused on painful sensations, experiences and continuous conversations about the disease lead to exaggerated subjective perception of existing and search for imaginary illnesses. The desire to be treated is combined with disbelief in success. What type of response to the disease?

- A) anxiety-depressive;
- B) hypochondriac;
- C) apathetic;
- D) egocentric;
- E) dysphoric.

22. The patient is irritable with pain, suffering, impatient, unable to wait for the results of examination and treatment. What type of response to the disease?

- A) depressed;
- B) hypochondriac;
- C) egocentric;
- D) neurasthenic;
- E) euphoric.

23. The patient's anxiety is more concerned not with real, but possible complications of the disease, as well as unrealistic life difficulties associated with it. He understands the absurdity of his worries, but cannot overcome them. What type of response to the disease?

- A) neurasthenic;
- B) dysphoric;
- C) apathetic;
- D) obsessive-anxious;
- E) anxiety-depressive.

24. The patient has a depressed and angry mood, agitated, prone to outbursts of extreme dissatisfaction with the people around him, and himself. He scrupulously fulfills appointments, but treats new appointments with suspicious distrust. What type of response to the disease?

- A) contemptuous;
- B) dysphoric;
- C) utilitarian;
- D) depressed;
- D) hypochondriac.

25. The patient is contemptuous of his health, underestimates the severity of the disease, is not treated, does not take care of himself and shows unreasonable optimism about the prognosis. What type of response to the disease?

- A) nosophilic;
- B) utilitarian;
- C) euphoric;
- D) contemptuous;
- E) anosognostic.

26. The patient demonstrates his illness to relatives and friends in order to attract their attention, requires exceptional care of himself. What type of response to the disease?

- A) utilitarian;
- B) egocentric;
- C) harmonious;
- D) anosognostic;

E) contemptuous.

27. The patient harmoniously, correctly assesses his illness, seeks to actively promote treatment, and with an unfavorable prognosis switches attention to other factors. What type of response to the disease?

- A) neurasthenic.
- B) harmonious.
- C) euphoric.
- D). egocentric.
- E) apathetic.

28. The patient is satisfied that she is ill, saying: "I will be able to pay more attention to children, I will not take them to kindergarten, I will make repairs in the apartment, read a little, do my favorite thing." What type of response to the disease?

- A) utilitarian;
- B) euphoric;
- C) harmonious;
- D). nosophilic;
- E) egocentric.

29. The patient is too afraid of his illness, is re-examined by various specialists, often changes doctors. He understands his problem to a greater or lesser extent, but he cannot fight it. What type of response to the disease?

- A) nosophobic;
- B) utilitarian;
- C) dysphoric;
- D). hypochondriac;
- E) depressed.

30. The patient does not make an effort of will to recovery, considers the disease frivolous, and therefore takes medication on a case-by-case basis, does not follow the regime, diet, does not give up smoking, alcohol consumption, etc. To what type can this patient be attributed?

- A) deepened in the disease;
- B) cowardly;
- C) suspicious;
- D). imaginary (hysterical);
- E) lazy.

31. The patient is accustomed to the disease, sometimes considers it incurable, but scrupulously performs all appointments, careful, meticulous about treatment, very interested in the results of tests, closely monitors the latest developments in medicine. To what type can this patient be attributed?

- A) imaginary (hysterical);
- B) deepened into the disease;
- C) active;
- D) lazy;
- E) cowardly.

32. The patient willingly turns to doctors, is subjected to various, often unpleasant manipulations. May show various signs of illness, which he read about in books or learned from acquaintances. He has a predominant desire to be treated and show his illness. Requires compassion and attention from family and medical staff. To what type can this patient be attributed?

- A) suspicious;
- B) imaginary (hysterical);
- C) lazy;
- D) active;
- E) cowardly.

33. The patient is afraid to go to the doctor ("Maybe a fictional diagnosis will be confirmed"), is afraid of X-rays ("Or maybe they will find something"), blood tests ("What if leukemia?"), Urine ("And if suddenly diabetes?"). To what type can this patient be attributed?

- A) active;
- B) lazy;
- C) imaginary (hysterical);
- D) cowardly;
- E) suspicious.

34. The patient is suspicious, indecisive, timid, constantly doubts, seeks to know everything about his illness. Easy to suggest. He is not so much interested in treatment as in diagnosis. He visits various specialists, seeks the advice of professors, willingly undergoes various research methods, but does not trust them. To what type can this patient be attributed?

- A) cowardly;
- B) imaginary (hysterical);
- C) suspicious;
- D) deepened into the disease;
- E) active.

35. The patient is fussy, impatient, requires rapid "repair" from medicine, as in technology. He often complains to doctors and conflicts with them, violates the regime, believes that the nurse does not give injections properly, and not where it should be, gives the wrong medication. To what type can this patient be attributed?

- A) active;
- B) deepened into the disease;
- C) cowardly;
- D) fussy (capricious);
- E) suspicious.

36. The patient is sober about his illness, calmly and honestly performs all appointments, actively helps the doctor in the fight against the disease. The mood is even, the patient is confident in recovery. Finds a job: reads, writes, does something, helps other patients. To what type can this patient be attributed?

- A) fussy;
- B) active;
- C) deepened into the disease;
- D) imaginary (hysterical);
- E) suspicious.

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