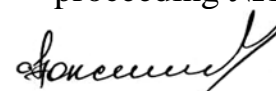


**INFORMATIONAL REFERENCE FOR STUDENTS  
OF THE DISCIPLINE  
“MEDICAL PSYCHOLOGY”**

Year: **III**

Faculty: medical

Approved  
by methodical counsel  
of general and medical psychology and pedagogic Department  
30.08.2017,  
proceeding №1



According to the curriculum, Medical psychology study is carried out over a 3d year of study.

The **object** of the course is the study of the foundations of medical psychology in general medical practice.

**Interdisciplinary connections:** the basics of psychology, philosophy, pedagogy, internal medicine, pediatrics, psychiatry.

The program of the course consists of the following thematic modules:

1. General questions of Medical Psychology.
2. Applied aspects of Medical Psychology

### **1. The purpose and objectives of the course**

- 1.1 The purpose of discipline "Medical Psychology" is studying of:
- psychological characteristics of people suffering from various diseases,
  - methods and techniques of mental disorders diagnosing,
  - differentiation of psychological phenomena and psychopathological symptoms and syndromes,
  - psychology of relationships between the patient and health care worker,
  - ways of prevention, psychological correction and psychotherapy in order to help patients
  - theoretical aspects of psychosomatic and somatopsychic interinfluence.

1.2. The main objectives of the subject "Medical Psychology" are:

- indoctrination in theoretical, methodological fundamentals of Medical Psychology in general medical practice, Psychological diagnostics, Psychological prophylaxis, Psychological counseling and Psychotherapy; forms of organization and specific methods of work with people;
- Mastering practical skills, used in Medical Psychology;
- Developing skills of research work.

1.3. Students must:

**know:**

- main categories of medical psychology;
- state of mental processes (sensations, perceptions, ideas, memory, attention, emotions, volition, mind and intelligence) in physical and mental disorders;
- changes in consciousness and identity in somatic and mental disorders;
- personality changes (accentuation, psychopatisation, degradation) in pathological processes;
- psychology of therapeutic and surgical patients;
- medical and psychological aspects in Pediatrics;

- Medical Psychology in the clinic of Psychiatry, Addiction and Neurology;
- Medical Psychology in the work with patients with neurotic, stress-related and somatoform disorders;
- Medical Psychology in the work with patients with sensoriums defects and infirmities;
- Medical Psychology in the work with patients with sexual disorders.

**be able:**

- Organizationally:
  1. Organize providing medical and psychological aid in general medical practice;
  2. Select and apply psychodiagnostic methods used in medical psychology, and evaluate their results.
  3. Select and apply techniques of medical and psychological care – Psychological prophylaxis, Mental Hygiene and Psychotherapy, and evaluate their results;
  4. Possess methods of early diagnostics, treatment and prevention of psychosomatic diseases;
  5. Possess effective methods of psychotherapy in crisis states of personality.
    - In scientific inquiry:
      1. Define medical and psychological problems;
      2. Analyze the literature and draw conclusions.
    - In research:
      1. Possess the scientific principles of research – methods, forms, means;
      2. Be able to analyze the results of research, make conclusions and forecasts;
      3. Simulate situations and predict their development and impact.

45 hours / 1.5 credits ECTS are given for the course study.

**2. The information amount of discipline**

**Module 1.**

**Content module 1.** General aspects of medical psychology.

**Topic 1. Subject, tasks and methods of Medical Psychology. The concept of mental health and disease. Mental Hygiene, Psychological Prophylaxis, the basics of Psychotherapy.**

Concept and subject of Medical Psychology. The main tasks of Medical Psychology. Fields of medical-psychological knowledge appliance. Research Methods in Clinical Psychology.

Development of medical psychology in the world and in Ukraine.

Approaches to understanding the mental norm. Nozos-centered and norm-centered concept (negative and positive criteria of the norm). WHO mental health criteria. The distinction between "nozos" and "pathos". The criteria of mental health in different personality theories. Clinical and functional diagnosis.

Definition of "Mental Hygiene", "Psychological Prophylaxis," primary and secondary psychoprophylaxis. Main branches of Mental Hygiene: age-related Mental Hygiene, work-related and lifestyle-related Mental Hygiene, family-related and sexual life-related Mental Hygiene. Ways to save and promote Mental Health. Principles of psychoprophylaxis in labor, life, family and sexual relationships. Social and professional rehabilitation, its main sections. Adaptation and compensation.

Psychotherapy as a branch of Medical Psychology. Basic modern methods of psychotherapy. The principles of psychotherapy.

### **Topic 2. Mental functions and disease.**

Clinical and psychological aspects of cognitive activity. The impact of the disease on human cognitive processes: sensation and perception features in somatic patients, changes in attention.

Clinical and psychological aspects of emotions and volition. The impact of disease on the person's emotions and volition. Repressed emotions and relaxation. Pathological emotions changes: anxiety, depression, emotional instability. Volitional qualities of personality: self-control, determination, perseverance, initiative, organization and their role in treatment process. The changes of will, instincts and behavior during illness (hypobulia, abulia).

Consciousness and self-awareness. Theory of unconscious. Psychodynamic approach in medicine. Criteria of not impaired consciousness. The states of patient's consciousness. Specific states of consciousness.

### **Topic 3. Psychosomatic approach in medical psychology. Internal image of disease.**

Psychosomatic approach in Medical Psychology and Medicine. Biopsychosocial concept of disease.

Emotional stress as a factor in the pathogenesis of psychosomatic disorders. Psychosomatic relationships. The influence of psychological factors on the somatic disorders' course. Theories of psychosomatic relationships: psychoanalytic, neuro-humoral, physiological, corticovisceral. Mechanisms of psychological defense mechanisms. The concept of adaptation and disadaptation.

Classifications of psychosomatic disorders. Non-pathologic psychosomatic reactions: motor, visceral, sensory and others. Principles of prophylaxis of psychosomatic disorders.

Internal image of illness (IID) and its value in clinical practice. Factors that influence the formation of IID. Classification of IID types. Methods of IID diagnostics. Basic principles of psychological adjustment to the disease and physician's treatment tactics regarding patients with maladaptive IID types.

The impact of IID on the further course of the disease and the prognosis. Aggravation, simulation, dissimulation, hospitalism, nosogeny. Principles of psychotherapeutic correction of IID, doctor's tactics regarding patients with pathologies types of reaction to disease.

### **Topic 4. Psychology of diagnostic and treatment process.**

Psychology of diagnostic process (psychological aspects of gathering information during the clinical interview, patient's perception of physician, psychology of diagnosis and choice biases in medicine). Transferring information on diagnosis, prognosis and future treatment.

Psychology of treatment process (patient's compliance and the factors influencing it; the therapeutic alliance; psychology of drug dependence). Psychology interaction with the family of the patient.

Doctor's personality. Professional deformation in doctors. Emotional burnout.

Medical ethics and deontology. Main principles and ethically problematic situations in medicine. Ethical models of "doctor-patient" relations.

Specificity of the relationships «psychologist – doctor», «doctor – doctor», «doctor – nurses», «doctor – patient», «doctor – patient's relatives». The concept of medical confidentiality. Iatrogeny.

Conflicts in medical environments, their types. Scheme of conflicts dynamics. Gender aspects of conflict. Methods to resolve and prevent conflicts.

## **Content module 2. Applied aspects of medical psychology.**

### **Topic 5. Medical psychology in Internal Medicine**

Psychological components of therapy. Medical Psychology in Internal Medicine. Psychosomatic disorders of the cardiovascular system, respiratory and digestion organs. Psychological components of Dermatology.

### **Topic 6. Medical Psychology in Gerontology and Pediatric practice**

Pathopsychological and psychosomatic manifestations in children and adolescents. Hospitalism in children. Features of child's attitude to the disease, depending on age. Behavior of medical staff in treating children up in a hospital. Possible deviations in formation of child's personality under prolonged and unfavorable course of the disease.

General principles of survey and assessment of elderly patients. Psychosomatic disorders in elderly patients. Principles of prophylaxis and therapy in elderly patients. Psychological problems of dying and death. Psychological aspects of palliative care.

Psychological aspects of dying and death.

### **Topic 7. Medical Psychology in Surgery, Oncology, Obstetrics and Gynecology**

Psychological problems in Surgery. Psychological characteristics of surgical hospital patients. Patients attitude to surgical intervention. Pathological striving for surgery (factitious disorders in surgery). Psychological correction of pathological types of IID in surgical patients.

Psychosocial theories of cancer. Type and dynamics of response to cancer. Mental disorders in cancer patients. Assessment of the cancer patients' needs in psychological counseling. Methods of psychological support for cancer patients'.

Psychological components of Obstetrics and Gynecology. Psychological features of pregnant women. Psychological aspects of childbirth and the postpartum period. After-maternity mental disorders. Psychological characteristics of women with gynecological disorders. Psychological aspects of menopause.

**Topic 8. Medical psychology in Psychiatry.**

Abnormal psychology in neurotic disorders. Psychological theories and classification of neuroses. Neuroses cause factors. Psychological sense of anxiety, obsession and depression. Psychological aid in neurotic disorders.

Psychological aspects of substance dependence, predominant pursuits (gambling, Internet addiction), eating behavior dependencies. Psychological features of dependent person. Family and socially relations of dependent persons. Co-dependency.

Suicidal behavior, prevention and early detection of suicidal tendencies. The role of the crisis centers. Suicide, motives and goals. Variety of suicidal behavior: protest, "urgency call", "self-punishment", "failure".

## Structure of the course

Topic	Number of hours			
	Lections	Practical training	Self-guided work	Individual work, included
<b>Content module 1. General questions of medical psychology</b>				
1. Subject, tasks and methods of Medical Psychology. The concept of mental health and disease. Mental hygiene, Psychological prophylaxis, basics of Psychotherapy.	2	2	2	Preparation of scientific literature review, writing tests, messages or abstract, creative tasks, filling out notebook
2. The mental functions' state and disease.		2	3	
3. Psychology of stress. Psychosomatic approach in Medical Psychology. The internal image of disease.		2	4	
4. Psychology of diagnostic and treatment process.	2	2	4	
<b>Content module 2. Applied aspects of Medical Psychology</b>				
5. Psychological characteristics of patients with various diseases and in Obstetrics		2	4	Preparation of scientific literature review, writing tests, messages or abstract, creative tasks, filling out notebook
6. Medical Psychology in Psychiatry		2	4	
7. Psychological aspects of dependent and suicidal behavior		2	4	
8. Psychological aspects of Thanatology and euthanasia.		2		
<b>Total:</b>	4	16	25	

### 4. Topics of lectures

№	Topics	Number of hrs
1.	Subject, tasks and methods of Medical Psychology. The concept of mental health and disease.	2
2.	Psychosomatic approach in Medical Psychology. The internal image of disease.	2
	<b>Total:</b>	<b>4</b>

## 5. Topics of practical classes

№	Topics	Number of hrs
1.	Subject, tasks and methods of Medical Psychology. The concept of mental health and disease. Mental Hygiene, Psychological Prophylaxis, basics of Psychotherapy.	2
2.	Mental functions and disease.	2
3.	Psychology of stress. Psychosomatic approach in Medical Psychology. The internal image of disease.	2
4.	Psychology of diagnostic and treatment process.	2
5.	Psychological characteristics of patients with various diseases and in Obstetrics	2
6.	Medical Psychology in Psychiatry	2
7.	Psychological aspects of dependent and suicidal behavior	2
8.	Psychological aspects of Thanatology and euthanasia.	2
	<b>Total:</b>	<b>16</b>

## 6. Self-guided work

№	Themes	Number of hrs
1	Psychological characteristics of patients with diseases of the cardiovascular system (cardiac malformation, angina and myocardial infarction, hypertension). Medical-psychological aid.	2
2	Psychological characteristics of patients with lung diseases (asthma, pneumonia, bronchitis). Medical and psychological aid.	1
3	Psychological characteristics of patients with diseases of the gastrointestinal tract (gastritis, gastric ulcer and duodenal ulcers, irritable bowel syndrome). Medical and psychological aspects of aid.	1
4	Psychological characteristics of patients with endocrine diseases (diabetes, hyperthyroidism, Itsenko-Cushing's syndrome, and others. Mental disorders caused by steroid-hormone treatment). Medical and psychological aid.	1
5	Psychology of patients with malignant tumors. Medical and psychological aid to cancer patients.	2
6	Psychological characteristics of patients with infectious diseases (typhoid, dysentery, infectious hepatitis, diphtheria, etc.). Medical and psychological aid.	2
7	Psychology of patients with tuberculosis. Medical and psychological aid.	1
8	Psychological characteristics of patients with congenital and ac-	2



	quired defects of the body, the musculoskeletal system and face injuries (disabilities). Medical and psychological aid.	
9	Psychological characteristics of patients with sensory organs defects (blind, deaf, dumb). Medical and psychological aid.	2
10	Psychological characteristics of patients with dement states (Alzheimer's disease, Pick's disease, vascular dementia and others). Medical and psychological aid to patients and their families.	1
11	Medical and psychological aid for persons suffering from mental retardation and their families.	2
12	Psychological characteristics of persons with gender identity ad sexual preference disorders. Methods of medical and psychological aid.	2
13	Psychological and behavioral disorders associated with sexual development and orientation. Medical and psychological aid.	2
14	Disorders of children's psychological development (speech disorders, academic skills, motor functions). Medical and psychological aid.	2
15	Behavioral and emotional disorders that begin in childhood and adolescence (hyperactivity disorders, behavioral disorders). Medical and psychological aid.	2
	<b>Total:</b>	<b>25</b>

### 7. Teaching methods

**Verbal learning methods:** lecture, explanation, story, debate, discussion.

**Methods of cognitive activity:** information and receptive, reproductive, problematic.

**Visual teaching methods:** figure charts and drawings on the board. Demonstration, presentations, photos (involving multimedia software).

**Practical teaching methods:** practical work, training work.

### 8. Control methods

**Current control:** active work in lectures, seminars and workshops, checking tests.

**Final control:** test.

### 9. Allocation of points that students receive

After mastering a theme, appropriated marks are assigned after the traditional system, "5" - 24 points, "4" - 19 points, "3" - 14 points, "2" - 0 points.

For self-guided work a student can receive up to 8 points

**The maximum number of points that a student can get in** for current educational activity – 200.

**Student is admitted to set-off** under fulfilling the curriculum conditions and if he scored for current educational activity at least 120 points.

**The minimum score for discipline is calculated:**

minimum score \* number of lessons + self-guided work = 14 \* 8 + 8 = 120

**Scale conversion**

<b>Traditional marks</b>	<b>Conversion of marks to points</b>
«5»	24
«4»	19
«3»	14
«2»	0

**Rating scale of current and final control**

<b>№</b>	<b>Module 1 (current testing)</b>	<b>Number of points</b>
1.	<b>Content module 1</b>	<b>96</b>
	Topic 1	24
	Topic 2	24
	Topic 3	24
	Topic 4	24
2.	<b>Content module 2</b>	<b>96</b>
	Topic 5	24
	Topic 6	24
	Topic 7	24
	Topic 7	24
<b>Content modules together</b>		<b>192</b>
<b>Preparation of scientific literature review or conducting research (individual work)</b>		<b>8</b>
<b>Total points TOGETHER</b>		<b>200</b>

**10. Methodological Support**

1. Textbooks:

- 1) Trull T., Prinstein M. Clinical Psychology – Boston: Wadsworth Publishing Co, 2013 - 614 p.
  - 2) Carr A. The Handbook of Child and Adolescent Clinical Psychology. – N.Y.: Routledge, 1999. – 985 p.
  - 3) Comer R.J. Abnormal Psychology. – N.Y.: Worth Publisher, 2013. – 789 p.
  - 4) Stricker G., Widiger Th.A. Clinical Psychology // Handbook of psychology, V.8. – N.-Y: John Wiley & Sons, Inc., 2003. – 615 p.
  - 5) Pomerantz A.M. Clinical psychology: Science, practice, and culture. - Thousand Oaks: SAGE Publications, 2011. – 543 p.
  - 6) Handbook of Clinical Psychology in Medical Settings. Evidence-Based Assessment and Intervention / Hunter C.M., Hunter C.L., Kessler R., Editors. – Springer Science+Business Media New York, 2014. – 774 p.
2. Handouts (diagnostic sheets, charts, tables, figures).

3. Visual aids (tables, charts).

## 11. Suggested Reading

### Basic:

1. Gleitman H., Gross J., Reisberg D. Psychology. – New York – London: W.W. Norton & company, 2011. – 522 p.
2. Plante Th.G. Contemporary Clinical Psychology. – N.-Y: John Wiley & Sons, Inc., 2005. – 618 p.
3. Mayou R. Sharpe M., Carson A. ABC of Psychological Medicine. – London: BMJ Publishing Group, 2003. – 57 p.
4. Butcher J.N., Hooley J.M., Mineka S. Abnormal Psychology. - London: Pearson Publishing , 2013. – 816 p.

### Additional

5. Strangor Ch. Introduction to Psychology. – Flat World Knowledge, 2010. – 482 p.
6. Lilienfeld S.O., Lynn S.J., Lohr J.M. Science and Pseudoscience in Clinical Psychology. – N.-Y.: Guilford Press, 2014. – 548 p.

## 12. Information Resources

[http://bcs.worthpublishers.com/discoveringpsych6e/#t\\_831452](http://bcs.worthpublishers.com/discoveringpsych6e/#t_831452)

<http://opl.apa.org/>

<http://watchdocumentary.org/topvideos.html?c=psychology>

<http://freevideolectures.com/Course/2589/Introduction-to-Clinical-Psychology/1>

## 13. The form of the final control of the training success

*Final module control* is carried out at the last lesson based on the questions and tests that are prepared and approved by the Department, Cycle methodical commission of medical and psychological disciplines.

## 14. Methods of diagnostic of training success

- Check lectures work-book;
- Recitation (rapid-fire questions) and verification (selective or front check) of theoretical knowledge (at the end or at the beginning of each topic);
- Group and individual counseling;
- Disputes;
- Writing of abstracts (when performing extracurricular self-guided work);
- Current and intermediate control: writing tests specific topics, perform tests, the test of practical skills (by means of control questions on both orally and in writing);
- The final control is carried out at the last lesson in the form of final module control based on issues (problems) that are prepared and approved by Department, Cycle methodical commission of medical and psychological disciplines.

## Tests for the final module control

**Topic 1. Subject, tasks and methods of Medical Psychology. The concept of mental health and disease. Mental Hygiene, Psychological Prophylaxis, the basics of Psychotherapy.**

**Task 1.** Norm-centered approach to differentiation mental health and disease:

- a. denies the existence of mental illnesses;
- b. denies the existence of mentally healthy people;
- c. tries to identify mental norm by formulating criteria for mental illness ("everything that is not a disease – is the health");
- d. tries to identify mental norm by formulating positive criteria for mental health;
- e. is based on the statistics.

**Task 2.** Nosos-centered approach to differentiation mental health and disease:

- a. denies the existence of mental illnesses;
- b. denies the existence of mentally healthy people;
- c. tries to identify mental norm by formulating criteria for mental illness ("everything that is not a disease – is the health");
- d. tries to identify mental norm by formulating positive criteria for mental health;
- e. is based on the statistics.

**Task 3.** The objective of establishing functional diagnosis is:

- a. to justify granting social benefits to a patient;
- b. to build adequate treatment, rehabilitation and preventive measures;
- c. to identify a patient's mental functions that are the most affected by the disease;
- d. to identify a patient's mental functions that are the most preserved in spite of disease;
- e. all the above mentioned.

**Task 4.** A clinical psychologist when examining a patient can use listed below methods of research, **with the exception of:**

- a. observational study;
- b. clinical interview;
- c. neuropsychological study;
- d. endoscopy;
- e. psychological testing.

**Task 5.** Selection of appropriate psychological test is conducted on the basis of below-listed factors, **except:**

- a. the psychological research task;
- b. the need for at least three methods for the study of the psychological

characteristics;

- c. information about the validity and reliability of various methods in relation to psychodiagnostic task;
- d. objective information about the patient (medical history data);
- e. type of psychodiagnostic situation.

**Task 6.** A method of Clinical psychology, which consists of short standardized questions and tasks, which results are measured by a certain scale of values, is called:

- a. observational study;
- b. experiment;
- c. clinical interview;
- d. questionnaire;
- e. test.

**Task 7.** The clinical psychology studies:

- a. clinical characteristics of mental disorders, phenomenology of mental processes and disturbances in mental and psychosomatic diseases;
- b. features of patients' mentality, psychological aspects of diagnosis, prevention and treatment of their disorders, as well as other psychological phenomena, related to health workers' professional activities;
- c. doctors training in basics of general and social psychology with an emphasis in the study of the influence of patients' personality, character and temperament on features of their treatment in clinic;
- d. the specificity of individual's mental reaction to stay in the medical institution, prescriptions and therapeutic procedures.

**Task 8.** Clinical psychology structure consists of sections listed below, except:

- a. Pathopsychology (Abnormal Psychology);
- b. Neuropsychology;
- c. Medical deontology;
- d. Psychosomatics;
- e. General psychology.

**Task 9.** Psychological diagnosis that only states the presence of certain psychological characteristics of the patient is called:

- a. symptomatic;
- b. typological;
- c. etiological;
- d. stating;
- e. prognostic.

**Task 10.** Psychological diagnosis, that indicates the presence of certain psychological characteristics of the patient and the possible reasons for their formation, is called:

- a. symptomatic;
- b. typological;

- c. **etiological**;
- d. stating;
- e. prognostic.

**Task 11.** Psychological diagnosis, that, along with the presence of certain psychological characteristics of the patient and the possible causes of their formation, indicates a place and importance of received data in a coherent picture of the person, is, called:

- a. symptomatic;
- b. **typological**;
- c. etiological;
- d. stating;
- e. mechanistic.

**Test 12.** The main deontological rules include the following, **except for**:

- a. **rule of responsibility**;
- b. rule of justice;
- c. rule of truthfulness;
- d. rule of informed consent;
- e. rule of confidentiality.

**Test 13.** Voluntary painless taking life of a patient who suffers from an incurable disease is called:

- a. eugenics;
- b. empathy;
- c. eudetism;
- d. exhumation;
- e.  **euthanasia**.

## Theme 2. Mental functions and disease.

**Task 1.** Patient K., 28 y.o., visited a psychiatrist complaining of difficulty in falling asleep. Also he admitted easy emotional reactions occurring with low-level drives. What characteristics of emotions are affected?

- a. modality;
- b. intensity;
- c. connection with the situation that caused them;
- d. sensitivity threshold;
- e. duration of existence.

**Task 2.** In response to good news patient T., 71 y.o., reacted with negative nonverbal reaction - tears, sad face expression. What characteristics of emotions are affected?

- a. modality;
- b. intensity;
- c. connection with the situation that caused them;
- d. sensitivity threshold;
- e. duration of existence.

**Task 3.** Patient F. complains that recently in her emotional sphere significant changes have undergone, among which she admitted instability of emotions – good mood easily change bad, and vice versa. What characteristics of emotions are affected?

- a. modality;
- b. intensity;
- c. connection with the situation that caused them;
- d. sensitivity threshold;
- e. duration of existence.

**Task 4.** Patient A. (37 y.o., air-traffic controller) complains that currently he can not, as before, at the same time monitor readings of a large number of sensors. What function of attention is affected?

- a. capacity;
- b. sustainability;
- c. ability to switch;
- d. distribution;
- e. selectivity.

**Task 5.** Patient H., 19 y.o., a student of technical college, complains that due to fatigue lately it has become difficult to process learning material, because when reading, he quickly loses a basic idea. What function of attention is affected?

- a. capacity;
- b. sustainability;
- c. ability to switch;
- d. distribution;
- e. selectivity.

**Task 6.** Deformed perception of size, weight, shape of patient's own body and/or things in his environment is called:

- a. hallucination;
- b. pseudohallucination;
- c. psychosensory disorder;
- d. agnosia;
- e. illusion.

**Task 7.** Cryptomnesia is a type of:

- a. quantitative memory disorders;
- b. qualitative memory disorders;
- c. quantitative attention disorders;
- d. qualitative attention disorders;
- e. perception disorders.

**Task 8.** Patient C., 48 y.o., notes that after experiencing some troubles in her family (she says, by her fault) she lost interest in life, become lethargic, easily tired, with lowered mood and appetite and disturbed sleep.

What emotional disturbances can be diagnosed in the patient?

- a. anxiety;
- b. phobic;
- c. depressive;
- d. dysthymic;
- e. manic.

**Task 9.** Patient F., 18 y.o., complains of general weakness, fatigue, decreased performance and ability to concentrate, periodic suddenly emerging and unpredictable panic attacks, palpitations, breathlessness, dizziness, accompanied by a feeling of unreality, of what is happening

What emotional disturbances can be diagnosed in the patient?

- a. anxiety;
- b. phobic;
- c. depression;
- d. dysthymic;
- e. manic.

**Task 10.** Reduction in volitional activity is called:

- a. hypoesthesia;
- b. hypobulia;
- c. hypothymia;
- d. bulimia;
- e. hypomania.

**Task 11.** Over the past three months, after breaking up with her fiance patient sharply



restricted the food intake, considers herself a "thick ugly." She complains of a lack of willpower to maintain a strict diet. Takes vomiting and laxatives, exhausts herself with gymnastic exercises. Which disorder can be diagnosed in the patient:

- a. polifagia;
- b. bulimia;
- c. anorexia;
- d. coprofagia;
- e. pyromania.

**Task 12.** Short-term mental disorder manifested by severe emotional and motor excitement with aggressive actions, accompanied by dizziness, a significant narrowing of the perception field, and loss of control over behavior, is called:

- a. depression;
- b. euphoria;
- c. dysphoria;
- d. pathological affect;
- e. paratimiya.

### **Theme 3. Psychosomatic approach in medical psychology. Interior image of disease.**

#### **Task 1. What is the essence of Z. Freud psychosomatic theory (hysterical conversion):**

- a. psychosomatic symptom is the consequence of vulnerability of definite viscera, which is created by some personality features;
- b. psychosomatic symptom is connected with person's inability to recognize and describe own feelings and difficulties in distinguishing feelings and bodily sensations.
- c. psychosomatic symptom is the result of same-type conflicts that lead to the damage of certain internal organs;
- d. psychosomatic symptom is a symbolic manifestation of repressed desires in impaired body functions;
- e. psychosomatic symptom is the result of pathological conditioned reflex, formed because of excessive or prolonged stimulation of the nervous system, leading to the formation of protective inhibition zone in the CNS;

#### **Task 2. What is the essence of F. Alexander psychosomatic theory (specific conflict):**

- a. psychosomatic symptom is the consequence of vulnerability of definite viscera, which is created by some personality features;
- b. psychosomatic symptom is connected with person's inability to recognize and describe own feelings and difficulties in distinguishing feelings and bodily sensations.
- c. psychosomatic symptom is the result of same-type conflicts that lead to the damage of certain internal organs;
- d. psychosomatic symptom is a symbolic manifestation of repressed desires in impaired body functions;
- e. psychosomatic symptom is the result of pathological conditioned reflex, formed because of excessive or prolonged stimulation of the nervous system, leading to the formation of protective inhibition zone in the CNS.

#### **Task 3. What is the essence of H.F. Dunbar psychosomatic theory (personality profile):**

- a. psychosomatic symptom is the consequence of vulnerability of definite viscera, which is created by some personality features;
- b. psychosomatic symptom is connected with person's inability to recognize and describe own feelings and difficulties in distinguishing feelings and bodily sensations.
- c. psychosomatic symptom is the result of same-type conflicts that lead to the damage of certain internal organs;
- d. psychosomatic symptom is a symbolic manifestation of repressed desires in impaired body functions;

- e. psychosomatic symptom is the result of pathological conditioned reflex, formed because of excessive or prolonged stimulation of the nervous system, leading to the formation of protective inhibition zone in the CNS.

**Task 4. What is the essence of K. Bykov and I. Kurzin psychosomatic theory (cortico-visceral theory):**

- a. psychosomatic symptom is the consequence of vulnerability of definite viscera, which is created by some personality features;
- b. psychosomatic symptom is connected with person's inability to recognize and describe own feelings and difficulties in distinguishing feelings and bodily sensations.
- c. psychosomatic symptom is the result of same-type conflicts that lead to the damage of certain internal organs;
- d. psychosomatic symptom is a symbolic manifestation of repressed desires in impaired body functions;
- e. psychosomatic symptom is the result of pathological conditioned reflex, formed because of excessive or prolonged stimulation of the nervous system, leading to the formation of protective inhibition zone in the CNS;

**Task 5. What is the essence of P. Sifneos psychosomatic theory (alexithymia):**

- a. psychosomatic symptom is the consequence of vulnerability of definite viscera, which is created by some personality features;
- b. psychosomatic symptom is connected with person's inability to recognize and describe own feelings and difficulties in distinguishing feelings and bodily sensations.
- c. psychosomatic symptom is the result of same-type conflicts that lead to the damage of certain internal organs;
- d. psychosomatic symptom is a symbolic manifestation of repressed desires in impaired body functions;
- e. psychosomatic symptom is the result of pathological conditioned reflex, formed because of excessive or prolonged stimulation of the nervous system, leading to the formation of protective inhibition zone in the CNS;

**Task 6. What disorders are called "somatoform disorders"?**

- a. somatic illnesses, that are caused or essentially influenced by traumatic experiences;
- b. mental disorders with physical symptoms that suggest some somatic illness or injury, but cannot be explained fully by a general somatic condition;
- c. psychogenic reactions, arising from systemic diseases;
- d. mental disorders that occur due to traumatic influence of somatic disease (patient awareness of threats to his existence);
- e. somatic pathology caused by some personality characteristics and lifestyle.

**Task 7. What disorders are called "nosogenies"?**

- a. somatic illnesses, that are caused or essentially influenced by traumatic experiences;
- b. mental disorders with physical symptoms that suggest some somatic illness or injury, but cannot be explained fully by a general somatic condition;
- c. psychogenic reactions, arising from systemic diseases;
- d. mental disorders that occur due to traumatic influence of somatic disease (patient awareness of threats to his existence);
- e. somatic pathology caused by some personality characteristics and lifestyle.

**Task 8. What disorders are called “classic psychosomatic disorders”?**

- a. somatic illnesses, that are caused or essentially influenced by traumatic experiences;
- b. mental disorders with physical symptoms that suggest some somatic illness or injury, but cannot be explained fully by a general somatic condition;
- c. psychogenic reactions, arising from systemic diseases;
- d. mental disorders that occur due to traumatic influence of somatic disease (patient awareness of threats to his existence);
- e. somatic pathology caused by some personality characteristics and lifestyle.

**Task 9. The author of alexithymia concept in psychosomatic medicine is:**

- a. Alexander;
- b. Vitkover;
- c. Dunbar;
- d. Sifneos;
- e. Freud.

**Task 10. Doctor decided to use a placebo for psychotherapy of patient with somatoform disorder. How do we call such a form of psychotherapy:**

- a. mixed;
- b. indirect;
- c. analytical;
- d. behavioral;
- e. psychosomatic.

**Task 11. The patient believes that deterioration in his condition was due to needless endoscopic examination and injections of out-dated drugs. Patient is suspicious of medical staff and of relatives visiting him in the hospital.**

***Determine the most probable IID type:***

- a. paranoiac;
- b. anxious;
- c. apathetic;
- d. dysphoric;
- e. sensitive.

**Task 12.** Patient with coronary heart disease complains of sensitivity to bright light, any noise. The behavior reveals non-restraint impatience. Frequent affective out-breaks of minor events end in remorse.

***Determine the IID type:***

- a. hypochondriac;
- b. apathetic;
- c. sensitive;
- d. neurasthenic;
- e. paranoiac.

**Task 13.** *Hypernozognozy is:*

- a. conscious concealment of illness symptoms;
- b. conscious presenting of non-existing disease symptoms;
- c. unconscious exaggeration of existing symptoms importance;
- d. fear of the social consequences of the disease;
- e. conscious attempt to obtain some benefit due to illness.

**Task 14.** *At what IID level knowledge of the disease, its causes and consequences is formed?*

- a. at Sensory level;
- b. at Emotional level;
- c. at Cognitive level;
- d. at Motivational and behavioral level;
- e. the knowledge of the disease is not related to IID.

**Task 15.** *What signs of aggravation can be found during survey of a patient?*

- a. test results;
- b. lack of patient's interest in medical procedures;
- c. unwillingness to cooperate with a doctor, to answer questions;
- d. patient's positive answers to the most of questions concerning health problems;
- e. big patient's interest in the testing procedure.

**Task 16.** *Unfavorable changes in the patient's psyche, arising under the influence of doctor's mishandling are called:*

- A) iatrogenia;
- B) iatropathia;
- C) psychogenia;
- D) psychotrauma;
- E) none of the above answers is not correct.

**Task 17.** A patient with end-stage chronic renal failure refuses prescribed treatment and dietary restrictions, saying that he is already recovering by himself and needs only "body training". The patient relates abnormal lab test results to the "laboratory errors" and increasing weakness - to the weather changes.

17.1. *What psychological defense mechanism can be determined in this patient:*

- a. projection;
- b. transfer;
- c. repression;
- d. reaction formation;
- e. rationalization.

17.2. *What type of coping behavior uses the patient to overcome intrapsychological conflict:*

- a. cooperation;
- b. search for support;
- c. ignoring the problem;
- d. deepening in the disease;
- e. driving away of aggression.

17.3. *Willful disregard of the fact of disease when it threatens person's professional, social or material status, is called:*

- a. simulation;
- b. dissimulation;
- c. aggravation;
- d. anosognosia;
- e. agnosia.

## **Theme 4. Psychology of diagnostic and treatment process.**

### **Task 1.**

Patient T., 40 y.o., reports about bright continuous visual hallucinations, which he always obeys. However, long-term observation does not reveal an affect of declared symptoms on the patient's behavior. During a survey admits the presence of other psychopathology, including one that does not meet any existing psychopathological syndrome.

*Conscious representation of nonexistent disease is called:*

- a. simulation (malingering);
- b. aggravation;
- c. dissimulation;
- d. hospitalism;
- e. iatrogeny.

### **Task 2.**

Patient R. (53 y.o., diagnosis of "cerebral atherosclerosis") is for two weeks in hospital. Along with neurotic-like symptoms he complains of significant memory loss, inability to remember where he put things and to reproduce a text he just read. However, in the "remembering 10 words" test the patient shows fluctuations in memory volume that are extrinsic for his disease. The patient exaggeratedly complains of constant headaches, contrary to his behavior in hospital ward.

*Conscious exaggeration of one's disease severity is called:*

- a. simulation (malingering);
- b. aggravation;
- c. dissimulation;
- d. hospitalism;
- e. iatrogeny.

### **Task 3.**

Patient A., 52 y.o., complains of mood swings, memory impairment, headaches when changing weather conditions. During the examination, the doctor made efforts to establish emotional contact with the patient, used open questions for collecting information to encourage the patient to express additional information (in particular, regarding his feelings, problems with social adaptation, etc).

*This style of a diagnostic interview is called:*

- a. algorithmic;
- b. symptom-centered;
- c. doctor-centered.
- d. deontological.
- e. patient-centered.

### **Task 4.**

While examining patient B. (29 years, complaints about changes in mood and in the stamina) doctor found light anisocoria. There took place next dialogue between

doctor and patient:

D.: Had some head injury preceded your disease?

P.: No, there was not any.

D.: Try still remember.

P.: No ... although ... I think a couple weeks ago I had hit my head a bit when I left my car.

D.: Uh huh, there you are! And then you were dizzy and had a headache.

X .: Perhaps so.

***Psychological factors that created obstacles for the doctor in obtaining complete and accurate information about the patient's health in this case is:***

- a. patient's reluctance to expose fully his complaints due to social attitudes regarding the patient's disease;
- b. patient's reluctance to expose fully his complaints due to fear of social condemnation;
- c. patient reluctance to expose fully his complaints due to lack of faith in a positive outcome;
- d. patient's predisposition to give exactly the information that meets doctor's expectations;
- e. patient's inability to give a doctor complete and accurate information due to a distorted perception of own state.

### **Task 5.**

A patient consulted a doctor with complaints of weight loss, discomfort in the stomach after eating, periodic vomiting. Within five years was treated by gastroenterologist, endocrinologist, hematologist, psychiatrist. The latter established the diagnosis of "anorexia nervosa combined with bulimia" and "irritable bowel syndrome". Psychotherapy and antidepressants have not led to improvement.

Despite the preliminary diagnosis, the doctor carefully interviewed and examined the patient, has appointed the necessary laboratory examination, which revealed the diagnosis of "celiac disease".

**The impact is widespread psychological mechanism, that the doctor managed to avoid when making diagnostic decisions:**

- a. availability heuristic,
- b. anchoring,
- c. representativeness heuristic,
- d. Occam's razor,
- e. hindsight bias.

**Task 6.** Patient K., 41 y.o., complaints of shortness of breath and lightheadedness. After significant hesitations doctor discarded any kind of allergic reaction and make diagnosis of "anxiety disorder" and prescribed appropriate pharmacotherapy. The next day, during the medical conference, the doctor's colleagues questioned the diagnosis, but the doctor in good faith upheld the correctness of "anxiety disorder" diagnosis.



*Cognitive bias, which can be observed in this case is called:*

- a. anchoring;
- b. effect of justifying difficult decisions,
- c. illusion of control,
- d. confirmation bias;
- e. Dunning–Kruger effect

**Task 7.**

Patient L., 44 y.o., stays in hospital for three weeks with a diagnosis of "depressive episode". She said to her doctor that she "feels fine", is in a good mood, totally lost suicidal thoughts and no longer requires a stay in hospital. L. requests to discharge her from the hospital, because she wants to return to work very much. At the same time, observation of the patient's behavior and psychological testing data indicate a depressive state and the risk of suicidal behavior.

*Intentional concealment of symptoms and the fact the disease is called:*

- a. simulation (malingering);
- b. aggravation;
- c. dissimulation;
- d. hospitalism;
- e. iatrogeny.

**Task 8.**

Patient R., 33 y.o., a manager at a supermarket, has complaints of general weakness, fatigue, decreased performance and ability to concentrate, periodic suddenly emerging and unpredictable panic attacks, palpitations, breathlessness, dizziness, accompanied by a feeling of unreality. Doctor collected anamnesis using standard clinical questionnaire and putting patient answers down to a special printed form. As far as the patient was trying to give a detailed answer, and the doctor had very little time, he put, mostly, yes-no questions at the order in which they were in the questionnaire, and stopped the patient's attempts to discuss issues that were irrelevant to these questions.

*This style of diagnostic interview is called:*

- a. algorithmic;
- b. symptom-centered;
- c. doctor-centered.
- d. deontological.
- e. patient-centered.

**Task 9.**

A doctor recently read an article on autoimmune diseases. When a patient with complaints of fever, palpitations and chest pain visited him, he diagnosed «Autoimmune cardiomyopathy» without a thorough examination of the patient.

*The psychological mechanism following which the diagnostic decision was made, is called:*

- a. availability heuristic,

- b. anchoring,
- c. representativeness heuristic,
- d. Occam's razor,
- e. hindsight bias.

**Task 10.**

Patient B., 19 y.o., is being treated at drug clinics from heroin addiction. He sought doctor's advice with a complaint of abdominal pain. The doctor assessed the patient's state as a manifestation of withdrawal effect, but eventually it turned out that these were signs of bowel perforation.

*The psychological mechanism following which the diagnostic decision was made, is called:*

- a. availability heuristic,
- b. anchoring,
- c. representativeness heuristic,
- d. Occam's razor,
- e. hindsight bias.

## **Theme 5. Medical psychology in Internal Medicine.**

**Task 1.** Mental disorders in somatic diseases can manifest itself in various symptoms and syndromes. *Which syndrome of mental disorders is the most common in somatic diseases?*

- a. depressive syndrome
- b. maniacal syndrome
- c. obsessive syndrome
- d. phobic syndrome
- e. asthenic syndrome

**Task 2.** *Coronary personality profile includes:*

- a. suppressed hostility and aggression, avoiding conflicts.
- b. desire for intense activity, advanced sense of responsibility, stealth.
- c. uncertainty, personal inefficiency, vulnerability to criticism, introversion.
- d. tendency to avoid stress, to hide emotions, the desire to rely solely on oneself, but latent dependence on others.
- e. anxiety and mistrust to everybody, search for signs of threat.

**Task 3.** *Somatopsychic changes in CHD are seen in:*

- a. anxiety and depressive-hypochondriacal disorders
- b. apathy, lack of stamina and interest in outer world and own destiny.
- c. dynamic violations of cognitive processes
- d. answers a and b are correct
- e. answers a and c are correct.

**Task 4.** *Is the bronchial asthma a psychosomatic disease?*

- a. Yes, because it's caused by mental disorders.
- b. No, because it's caused by the airways inflammation and not by psychological factors.
- c. Yes, because its progression can be effected by psychological factors.
- d. No, because psychotherapy is ineffective in BA.
- e. Yes, because it can be treated by psychotropic drugs.

**Task 5.** *Are there any somatopsychic mechanisms in bronchial asthma pathogenesis?*

- a. No, asthma doesn't cause any mental disorders.
- b. Yes, asthma causes anxiety-phobic and depressive reactions.
- c. Yes, asthma causes hallucinations and delusional disorders.
- d. Yes, asthma causes neurasthenia-like disorders and explosivity.
- e. No, asthma can only intensify manifestations of personality disorders.

**Task 6.** *Are there any somatopsychic mechanisms in peptic ulcer pathogenesis?*

- a. No, peptic ulcer doesn't cause any mental disorders.
- b. Yes, peptic ulcer causes anxiety-phobic and depressive reactions.

- c. Yes, peptic ulcer causes hallucinations and delusional disorders.
- d. Yes, peptic ulcer causes neurasthenia-like disorders and explosivity.
- e. No, peptic ulcer can only intensify manifestations of personality disorders.

**Task 7. *Bronchial personality profile includes:***

- a. there is no consistency in scientists in regard to such a profile.
- b. desire for intense activity, advanced sense of responsibility, stealth.
- c. uncertainty, personal inefficiency, vulnerability to criticism, introversion.
- d. suppressed hostility and aggression, avoiding conflicts.
- e. straightforwardness and pedantry, tendency to envy.

**Task 8. *Peptic ulcer personality profile includes:***

- a. there is no consistency in scientists in regard to such a profile.
- b. desire for intense activity, advanced sense of responsibility, stealth.
- c. uncertainty, personal inefficiency, vulnerability to criticism, introversion.
- d. suppressed hostility and aggression, avoiding conflicts.
- e. straightforwardness and pedantry, tendency to envy.

**Task 9. *Neurodermatitis is:***

- a. somatic disorder that involves both patient's nervous system and skin.
- b. somatopsychic disorder that occurs as nosogeny after skin diseases.
- c. psychosomatic disorder in which skin disease occurs as a response to stressful situations
- d. somatopsychic disorder that occurs as mental reaction to itching in skin diseases.
- e. psychosomatic disorder in which skin disease occurs as a response to certain parenting style.

**Task 10. *In remote period of myocardial infarction***

- a. personality changes in hypochondriac type.
- b. personality changes in asthenic type.
- c. anxiety and restlessness.
- d. obsessive neurosis.
- e. personality changes in apathy type.

**Task 11. *The most common IID type in CHD are:***

- a. paranoiac and anxious.
- b. apathetic and melancholic.
- c. neurasthenic and dysphoric.
- d. hypochondriac and anozognosic.
- e. sensitive and ergopathic.

**Task 12.**

## **Theme 6. Medical psychology in Gerontology and Pediatrics practice**

**Task 1.** Which *criteria of mental health* are often used *in Pediatrics*?

- a. ideological and social.
- b. norm-centered.
- c. nosos-centered.
- d. **statistical and functional.**
- e. norm-centered and norm-centered.

**Task 2.** *Hospitalism in children is a result of:*

- a. educational neglect.
- b. **mental deprivation.**
- c. mistakes in diagnostics.
- d. mistakes in treatment.
- e. infections of CNS.

**Task 3.** All below listed symptoms are a part of *hospitalism syndrome*, except of:

- a. escape response.
- b. depression.
- c. insomnia.
- d. partial or complete refusal of food.
- e. **high temperature.**

**Task 4.** The most common reason of over-diagnosis concerning children's mental health by parents and teachers

- a. **parents and teachers often assess as a symptom any atypical behavior, even if it is driven by age or regular crisis period**
- b. parents and teachers often want to shift the responsibility for children's behavior to psychiatrists and psychologists
- c. parents and teachers often see a psychiatric diagnosis as a way to punish children or get rid of them
- d. parents and teachers want to prevent children's mental disorders at early stages
- e. parents and teachers often are concerned about the influence of one child's behavior on another.

**Task 5.** To prevent the hospitalism development it's advisable:

- a. to improve the quality of early diagnosis of somatic disorders in children;
- b. to inform parents constantly about the dynamics of their child's health
- c. to use of small doses of antidepressants
- d. **to maintain maximum contact between mother and child during child's stay in hospital**
- e. to use of small doses of antibiotics

**Task 6.** As specific reasons of non-compliance in children can be named:

- a. oligosymptomatic course of the disease
- b. poor drug acceptability, side effects
- c. peer's negative influence (patient's unwillingness to be unlike others)
- d. patient's negative attitude to medication (treatment) in whole, fear of complications
- e. existence of limitations to habitual lifestyle, connected with a treatment process

**Task 7. *Elderly patients are more prone, than middle-aged patients, to:***

- a. dissimulation
- b. hyponosognosia
- c. erhopathia
- d. aggravation
- e. nozogeny

**Task 8. The most common of *mental health disorders in elder people***

- a. dementia of varying etiology;
- b. depression of varying etiology;
- c. anxiety disorders;
- d. somatoform disorders
- e. all above mentioned disorders.

**Task 9. *Elderly patients have:***

- a. lesser disposition to hospitalism than middle-aged patients due to social reasons;
- b. greater disposition to hospitalism than middle-aged patients to social reasons;
- c. the same disposition to hospitalism as middle-aged patients;
- d. lesser disposition to hospitalism than middle-aged patients due to psychological reasons;
- e. greater disposition to hospitalism than middle-aged patients to psychological reasons;

**Task 10. *Elderly patients have:***

- a. higher risk of depressive disorders and lesser risk of anxiety disorders than middle-aged patients
- b. lesser risk of depressive disorders and higher risk of anxiety disorders than middle-aged patients
- c. lesser risk of both depressive and anxiety disorders than middle-aged patients
- d. higher risk of both depressive and anxiety disorders than middle-aged patients
- e. the same risk of both depressive and anxiety disorders as middle-aged patients

## **Theme 7. Medical Psychology in Surgery, Obstetrics and Gynecology**

**Task 1.** All below listed types of Internal image of disease are a the most common for surgical patients, except of:

- a. anosognosic,
- b. anxious,
- c. melancholic,
- d. erhopathic
- e. dysphoric

