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BASIC PRINCIPLES AND RATIONALE FOR THE USE OF COGNITIVE TRAINING IN THE SYSTEM OF PSYCHOLOGICAL CORRECTION OF THE MALADAPTIVE STATES OF INTERNSHIP DOCTORS

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Abstract

The objective: to create a technology for conducting a cognitive training of resistance to stress in internship doctors during adaptation period to their professional activity. 213 persons - internship doctors of the Kharkiv National Medical University (116 women and 97 men) underwent complex clinical, anamnestic and psychodiagnostic examination. 20.2% of the examined internship doctors (20.1% of men and 19.1% of women) have signs of lowering the level of work capacity and psychological comfort; In 65.7% of internship doctors (55.7% of men and 68.6% of women) it was revealed the development of maladaptation, showing psychological discomfort in their everyday lives, constant feeling of dissatisfaction with themselves and their professional activities.

We have developed and tested a system of psychological correction of maladaptation states of internship doctors, which includes programs for the following psychological and psychosocial trainings; training of prevention of the development of stress reaction, aimed at revealing the pathogenetic nature of the conflict that determines the launch of a neurotic reaction; activation of positive personality traits; correction of emotional reactions; processing of the stereotype of behavior, normalization of the system of emotional-volitional reaction; changing the system of relations. there is a steady positive dynamics of the psychological

state, the maladaptive states are reduced; in 92,6% of the examined people, who were being examined for 3 years, recurrences of the violations of adaptation did not occur.

Keywords: cognitive training, psychological correction, professional activity

Introduction: The profession of a doctor is important socially because it is the responsibility of medical professionals not only for the physical health of patients who entrusted doctors with their lives, but also for their mental health and socio-psychological rehabilitation. In case of the emergence and consolidation of the maladaptive reactions of doctors, a special role is played by individual psychological patterns of reactions, personality traits and those behaviors that doctors implement in their professional activity [1, 2, 3].

Phenomenology of the dynamics of adaptation states and the probability of the emergence of maladaptive states in the process of professional activity is determined by the interaction of various factors, which is characterized by the dynamics of the basic psychophysiological mechanisms, the specifics of the mechanism of formation of the attitude to the situation, the mechanisms of making decisions in a crisis situation [4, 5, 6].

The basis of the genesis of acute pathopsychological reactions are the mechanisms of short-term adaptation with a rapid expenditure of “superficial” compensatory resources of the organism. This determines the prevalence during the period of urgent adaptation of regressive, ontogenetically earlier forms of response: somatic-vegetative, psychomotor, elemental-affective. At the same time, the protective response of the organism will be manifested by the disintegration of consciousness of varying degrees of severity - from a relatively mild affective narrowing to the development of dissociative states. Thus, the essence of this process is to increase the body's specific resistance to stressors, to consolidate new behavioral skills and stereotypes, and psychophysiological restructuring which is aimed at long - term adaptation and affects not only the lower layers of the psychics, but also the personality structure itself [7, 8, 9].

The purpose of this study: to create a technology for conducting a cognitive training of resistance to stress and the adaptive mechanisms of internship doctors during the period of adaptation to their professional activity.

Material and methods: For achieving the objective set adhering to the principles of bioethics and the medical deontology, it was carried out a complex of clinical and anamnestic and psychodiagnostic examination of 213 persons who are internship doctors of the Kharkiv National Medical University, including 116 women and 97 men.

Results and discussion: Based on the image of disorders of adaptation as a psychogenic disorder, based on a personal radical, and the psychological factors play a leading role in the mechanisms of development, decompensation and compensation, psychotherapeutic forms of influence in the correction of adaptation disorders in doctors become of primary importance, being the main methods of pathogenetic therapy.

We have developed and tested a system of psychological correction of maladaptation states of internship doctors, which includes programs for the following psychological and psychosocial trainings; training of prevention of the development of stress reaction, aimed at revealing the pathogenetic nature of the conflict that determines the launch of a neurotic reaction; activation of positive personality traits; correction of emotional reactions; processing of the stereotype of behavior, normalization of the system of emotional-volitional reaction; changing the system of relations.

Communicative training aimed at the regeneration of personal activity and correction of inadequate personal relationships; the ability of more accurate understanding, accepting and verbalizing your feelings; anchoring new behaviors and reactions that will facilitate adequate adaptation and functioning, training the ability to break out of conflict situations by seeking active forms of adaptive behavior.

Cognitive training aimed at increasing the ability to adequately respond to problem situations and make constructive decisions; at the formation of adequate self-awareness, the disclosure and processing of internal psychological conflict; awareness of the connection between negative emotions and the emergence of maladaptive states, peculiarities of one's behavior and emotional response in various situations, the degree of their adequacy and constructiveness; adequacy and realism of one's own needs, aspirations, motives, personal attitudes; features of the formation of one's system of relations.

According to the results of the study, 20.2% of the examined internship doctors (20.1% of men and 19.1% of women) have signs of lowering the level of work capacity and psychological comfort in crisis situations and in the presence of shortcomings in the organization of the medical process, with a rapid recovery in their decision and preservation of psychological comfort outside the working process.

In 65.7% of internship doctors (55.7% of men and 68.6% of women) it was revealed the development of maladaptation, showing psychological discomfort in their everyday lives, constant feeling of dissatisfaction with themselves and their professional activities.

In maladaptive reactions and conditions, the internship doctors demonstrate the negative content of thoughts, hopelessness and significant depressogenic patterns of behavior.

The processing of information for them is more distorted, and their behavior corresponds to the general negative mood. The content of thoughts includes a depressive triad: a negative attitude towards themselves; negative attitude towards the world; negative attitude towards other people.

The most prospective method of psychotherapy used to develop new, more effective coping strategies, is cognitive training.

Cognitive training, developed on the basis of theoretical ideas about various levels of information processing, was conducted in a course of 20-25 lessons for three months and included the following methods:

Orientation “here and now”. The purpose of the training is to identify situational problems, key destructive behavioral schemes and personal positions.

Cooperation. Joint discussion of the strategy of overcoming problem situations, the definition of dysfunctional patterns of thinking and the search for their alternatives.

Home tasks are the link between the main activities providing the therapeutic process. Doing homework also contributes to the development of self-control and the ability to work in cooperation.

In our opinion, the next stage of cognitive training is expedient. The first stage is the correction of behavior problems (decreased activity, lack of muscle tone). The second stage is the analysis and targeted change of so-called automatic, involuntary thoughts that accompany a depressed mood and inadequate behavior. The third stage is helping to change the internal positions and schemes underlying the sense of vulnerability right up to depression and anxiety disorders.

Conclusion. As the results of dynamic observation have shown, in the background of the use of cognitive training in the system of medical and psychological correction of maladaptive reactions and conditions of internship doctors, there is a steady positive dynamics of the psychological state, the maladaptive states are reduced; in 92,6% of the examined people, who were being examined for 3 years, recurrences of the violations of adaptation did not occur.

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