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DEVELOPMENT OF A MEDICO-PSYCHOLOGICAL ASSISTANCE SYSTEM FOR CHILDREN OF EASTERN UKRAINE

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Abstract

For the areas of high level social and psychological strain, in particular as a result of various military conflicts around the world (Afghanistan, Beslan, Israel, Iran, Iraq, Syria, Somalia, Sudan, Ukraine, Chechnya) young people suffer of various kinds of physical and psychological privations.

All of that negatively effects on their psychological and emotional weightiness and their somatic and psychological well-being conditions. Investigations of psychoemotional states of pre-school-age children who live in Eastern Ukraine have shown the highest levels of anxiety, impulsiveness, aggression, defendance need and low self-judgment level. In addition, more than half of the patients suffer of various polygamic phobias. The presented results of our scientific research emphasize medico-social assistance measures system establishment necessity.

On the basis of psychodiagnostical results obtained, the new complex medical assistance measures for pre-school-age children has been presented in our work. This aid measures complexity means cooperation (and further integration) between various pre-school educational and health care institutions, according to presented unique approach of "systematic circle" conditions.

Professional interaction, collaboration and mutual understanding is a basis for integration and further productive collaboration between psychological, pedagogical medical institutions for better results. This technology realization consists of the following implementation stages: 1st stage – Diagnostic; 2nd stage – Estimation and Planning; 3rd stage – Complex Activity; 4th stage – Summary and Recommendations; 5th stage – Recreation and Prophylactics.

There are clear tasks and executors at every stage of assistant measures provision. The main technological aspect is an interaction of teaching employees, education institution workers, practical psychologists, medical specialists and parents. This activity implementation in accordance with proposed technology provides us with an opportunity to influence and renew somatic, psychological and behavioral states of the young patients, to improve children's ability to overcome all negative circumstances of their lives.

Keywords: *Eastern Ukraine, pre-school-age children, medical psychological pedagogical assistance, "systematic circle".*

1. Introduction

In his studies, K.A. Idrisov notes that there is an entire generation of children, who does not have normal, happy childhood. These children had to hide themselves from the war, survive in the refugee camps and stand in queues for humanitarian aid (Idrisov, 2012). The war could be considered as traumatic epidemic phenomena. In this case, we should deal not just with ordinary physical injuries, but also with mental traumas, which consequences could be much more devastating in comparison with physical wounds. The range of such consequences is wide: from relatively slight adaptation impairment to clinically significant post-traumatic stress disorders and severe depressions (Bolnyie dushi chechenskih detey, 2014). It is obvious that these changes can turn into various post-traumatic stress disorders and have a negative impact on the children's future lives.

2. Design

Because of an armed conflict in the Eastern Ukraine, more than two million people have been internally displaced, many families lost their incomes. According to the UN Children's Fund (UNICEF) data, this extraordinary situation could be described as acute humanitarian crisis. As a result thousands of children have been left to the mercy of fate. Every fourth child in Donetsk and Luhansk regions (more than 200 thousand children in total) need urgent medical and psychological aid (Linskiy and Kuzminov, 2014).

3. Objectives

To estimate psychoemotional states children of Eastern Ukraine and to propose complex medical-psychological aid measures.

4. Methods

O.I. Zakharov's fears questionnaire, "Family Picture" and "Unknown Animal" projective methodologies, parents and educators questionnaires.

5. Discussion

During Anti-Terroristic Operation in the territory of Eastern Ukraine, the workers of the State Institution "Scientific-Practical Medical Rehabilitating Diagnostical Centre by the Ukrainian Ministry of Health" Konstantinovka city, Donetsk region, Ukraine (The Center) have investigated pre-school age children's psycho-emotional conditions according to established psycho-diagnostic complex. 180 children (aged 5-7) took part in our investigation.

It has been discovered that 98 children (54.4%) suffer of high anxiety disorders, 78 children (43.9%) have defiance need, 68 ones (37.8%) suffer of excessive impulsiveness, 58 ones (32.2%) suffer of excessive aggressiveness and 34 children (18.9%) suffer of low self-assessment.

It is widely known that 5-7 years old children often suffer of various fears such as fear of doctors, animals and darkness. During our phobias diagnosis procedure (table 1) the fear of war has been diagnosed for the very first time. Such kind of phobia is not immanent to the patients of this age category. In addition, it has been discovered that about half of examined young patients suffer of polygamia fears (102 children, 56.7%).

Table 1. Eastern Ukraine children phobias.

Kind of Phobia	Patients Quantity	%
Physical Damage	124	68.9
Medical	105	58.3
Social	94	52.2
Fear of Animals	92	51.1
War	88	48.9
Darkness	88	48.9
Open Spaces	67	37.2

During our psychodiagnostic examination, two children (1.1%) who suffered of psychosomatic and somatic disorders have been identified. These young patients received comprehensive medical and psychological aid according to proposed "systemic circle" technology.

Taking into consideration the fact that almost every child of preschool age conducts most of the time at some preschool institution, and according to our research results, emotional disturbances could be divided in accordance with its severity and various consequences. Therefore, medical aid system for this group of young patients should be unified and conducted by various medical specialists according to the system of "Educator -Physiologist-Doctor-Parents" demands. Professional dialogue, cooperation and mutual understanding are the basis of the integration. Such interaction of psychological, pedagogical and medical activities should be developed in the soonest possible time. Without this interaction, it is impossible to achieve full success in young patients' healthy socialization and to find existing problems solution.

Each specialist of every psychological-medical-pedagogical system area undertakes the organization of concrete work in accordance with his or her possibilities and qualifications. Joint activity provides us with opportunity to increase the aid quality in every case, develop participants' motivation levels and create favorable relationships between specialists.

Each proposed comprehensive medical and psychological assistance implementation (psychological, medical and pedagogical technology) corresponds to a certain stage of action:

The first stage (diagnostic):

Performers: education workers, educational institution practical psychologists, parents.

Task: children psycho-emotional problems and individual characteristics diagnostics and identification; psychological and pedagogical problem formulation.

Diagnostic procedure begins when the child began to attend a kindergarten. The educator takes part in this stage, but only as an observer. The educator focuses on behavior, emotional reactions and

individual peculiarities of the child through observation and during normal social communication. The educator should find possible disturbance in the balance of the psycho-emotional state of the child. In this case, the educator should inform practical educational psychologist, who in turn conducts psychodiagnostic measures according to appropriate psychodiagnostic complex.

Systematization and structuring of the diagnostic complex allows us to determine the optimal number of techniques and indicators of violations of the emotional-volitional sphere. It is possible to organize effective psycho-correctional aid measures only in case of successful qualitative psychodiagnostic examination.

Stage 2. «Estimation and Planning»:

Performers: practical educational institution psychologists, practical medical institution psychologists, medical workers, young patients and their parents.

Task: conclusions formation and further activities planning.

Based on the results of psychological testing, a working conclusion should be formed, and then two options for further activity should be planned.

The first option involves any child who is suffering of psychological problems and requires psychological and pedagogical aid. In this case, preschool institution psychological-pedagogical specialists should develop corrective-development measures plan and anticipate the results of provided aid.

The second option consists of corrective plan implementation in the case of psychological problems detected for a child with somatic and psychosomatic disorders. In this case, an in-depth medical and psychological examination in the health care institution is necessary. The task of preschool educational institution is to organize explanatory work with parents for young patients' in-depth medical and psychological examination provision. Medical institution provides the opportunity to examine health of the child qualitatively (including young patients' somatic and psychosomatic states). Pediatrician, practical psychologist, neuropathologist, psychiatrist and other specialists take part in this activity. In-depth medical and psychological examination and surveys should be carried out by a group of these specialists, a corrective-restorative route of integrated work with a child should be developed in a medical institution.

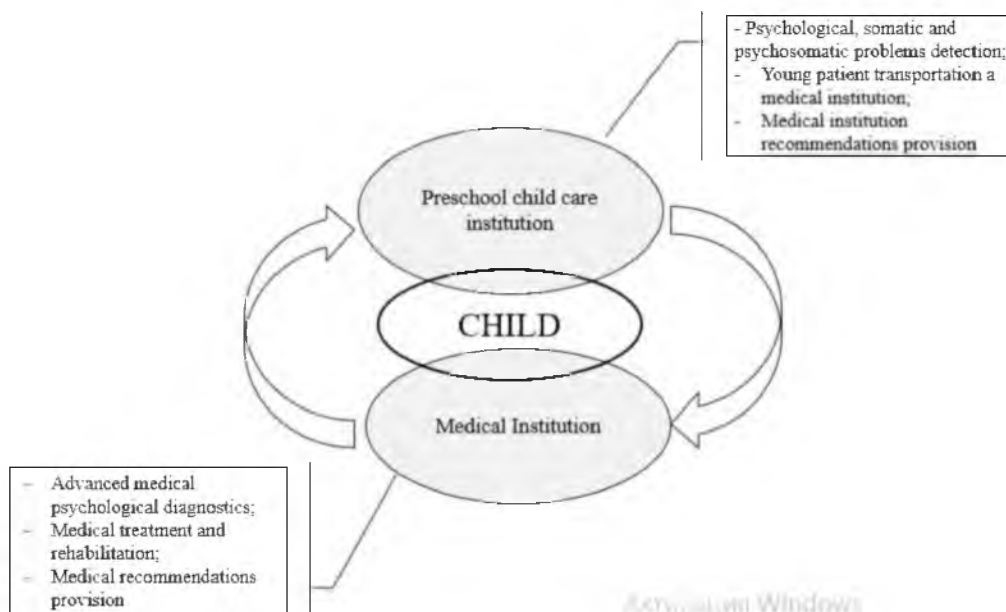
3rd stage "Complex Activity":

Performers: educational institution practical psychologists, medical institution practical psychologists, doctors, young patients and their parents.

Task: correction-development activities plan (activity component) or correction-recovery route (complex component) implementation.

The active component should be carried out under children's educational institution conditions and should provide systemic correction-development influence for a child and obtained results monitoring. The comprehensive component involves the interaction between a pre-school educational institution workers and health care institution specialists that occurs in a "systemic circle" (Figure 1).

Figure 1. Complex aid measures "Systemic Circle" for young patients.



The immediate activity in this stage consists of a correction-recovery measures implementation directly at the medical institution. The aim is to restore physical, mental and social health of the child. This route includes medical, physiotherapeutic treatment, psychotherapeutic, psycho-corrective work with further rehabilitation. Upon completion of the corrective and restorative procedures, young patients continue rehabilitation procedures in the activity format in the conditions of the medical institution. This is the systematic interaction between educational institutions and health care.

Stage 4. «Summary and Recommendation»:

Performers: preschool institution education workers, practical psychologists, medical workers, medical institution practical psychologist.

Task: preliminary assessment of correction and development measures effectiveness; work analysis and recommendations formulation for further child support.

In this process, preschool institution teachers, practical psychologists, medical workers and medical institution practical psychologist should take part in discussing the results of the work performed. They should formulate recommendations for the further aid to the young patients, as well as assign tasks in accordance with the system functions, coordinate the content, means, forms of medical, psychological and pedagogical activity.

5th stage "Recreational and preventive":

Performers: health institution and preschool educational institution workers.

Objective: to strengthen the child's resource potential.

At this stage, the child attends some health institution or health facility within the pre-school educational institution. All activity should be focused on emotional destabilization prevention, adaptation resources and mental capabilities strengthening, psychological well-being provision.

The technology of medical-psychological and pedagogical assistance to children who are in a socio-psychological stress includes corrective-development and correctional-restoration measures, which are integrated into the work of both medical institutions and pre-school educational institutions.

6. Conclusions

1. The results of psychodiagnostic prophylactic measures, conducted in various pre-school educational institutions, showed high levels of anxiety (54.4%), impulsiveness (37.8%), aggression (32.2%), low self-esteem (18.9%), need for protection (43.9%). The fear of war (48.9%), which is not natural for the patients of this age category, has been diagnosed for the first time ever. In addition, more than half of the young respondents suffer of polygamy phobias (102 children - 56.7%). The presented data emphasize the relevance of the organization of comprehensive medical and psychological assistance.

2. The organization of medical and psychological assistance to children living in conditions of socio-psychological stress is possible only in case of proposed medical-psychological and pedagogical technology implementation, which closely interconnected with interaction between pre-school education specialists and rehabilitation and diagnostic medicine institution workers. The integration processes according to the proposed technology are dictated by time. This technology is very promising for quality child care system provision.

3. Timely psychodiagnostic measures allow us to determine the presence of young patients' problems of a psychological nature. In addition, it provides us with the opportunity to prevent young patients' mental and somatic diseases development.

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